



Hampton and Peninsula
HEALTH DISTRICTS

Healthy People in Healthy Communities

Hampton and Peninsula Health Districts

Community Health Assessment Summary Report 2022

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Introduction

As part of Hampton and Peninsula Health Districts' (HPHD) commitment to improving health in the region, the Community Health Assessment (CHA) report was collaboratively developed to provide an overview of district-level health needs. The purpose of this report is to inform and advance community health improvement efforts within the districts.

Vision and Mission

Our Vision

The Virginia Department of Health focuses on healthy people in healthy communities with a vision to “become the healthiest state in the nation.” The HPHD adopted as their own to “become the healthiest cities and counties in the state.”

Our Mission

Our mission is to protect the health and promote the well-being of all people on the Virginia Peninsula.

Our Values

Our work is guided by these core values: Service; equity; and data informed decision-making.

The Communities We Serve

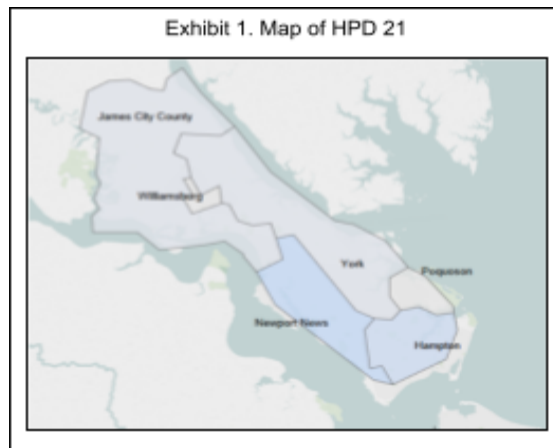
The HPHD fulfills the certified local health department function and provides public health services for two independent counties and four independent cities: James City County, York County, the City of Hampton, the City of Newport News, the City of Poquoson, and the City of Williamsburg (see *Exhibit 1*).

The Process

The 2022 Community Health Assessment (CHA) process was a coordinated effort with local health systems. What originally began in 2015 as a process of community health assessment and planning, in service of our missions and in response to federal requirements, developed into an ongoing collaborative partnership of community stakeholders dedicated to improving the health of our region. This year, we were also joined by the Three Rivers Health District.

Assessing the health status and needs of a population at the local level is an important role for public health, particularly when used to supplement readily available state and national data. To fulfill this function, in the Spring of 2021, HPHD began the collective process of planning to conduct the 2022 Community Health Assessment Survey.

A workgroup, consisting of HPHD personnel, representatives from the four major health systems (Bon Secours Health System, Sentara Healthcare, Riverside Health System, and Children’s Hospital of the Kings Daughters (CHKD)), and the Three Rivers Health District, developed and implemented a joint survey for community members and professional stakeholders. Sharing ownership with our healthcare partners, and another health district, allowed us to expand our reach and give greater alignment to the work needed to address the significant health needs in the community. The joint 2022 CHA provides a comprehensive overview of our community’s health status. Where available, we can explore disparities in health status, identify community strengths, and areas for improvement.



Part I. Community Health Assessment

This section presents summary findings from our recent efforts to assess community health needs. The CHA defines health in the broadest sense and recognizes numerous factors at multiple levels to include: Health behaviors (e.g. alcohol and drug use), clinical care (e.g. access to care), socioeconomic factors (e.g. education, insurance), and the physical environment (e.g. housing). These factors contribute significantly to the overall health, well-being, and quality-of-life for people who live, work, and play in our communities.

The 2022 CHA also recognizes the impact of the COVID-19 pandemic on the overall health and well-being of our communities. COVID-19 has brought inequities to the forefront of Public Health, as it has unequally affected our racial and ethnic minority populations while negatively affecting multiple aspects of the lives of all individuals, families, and communities. Additionally, COVID-19 vaccine hesitancy significantly contributes to the overall health and well-being of our population. This report addresses these factors in the broadest sense so that we may better address inequities and combat health misinformation, which are both serious threats to public health.

HPHD is committed to addressing social determinants of health (SDOH), promoting diversity and inclusion, and achieving health equity to improve the health and well-being of our communities. Recognizing the need to move away from safety-net clinical care and broaden public health service beyond traditional programs and services is important to successfully achieving this. In alignment with this Public Health 3.0 model, HPHD will continue to collaborate strategically with community partners and use data to drive our actionable improvement recommendations. In doing so, the goal is to begin to drive community health improvement in this ever evolving landscape of population health.

All of the aforementioned have an impact on the community's health. Therefore, information from a variety of sources are also included to provide a comprehensive picture of health and well-being on the Peninsula. The findings show that HPHD is a large and diverse region with complex health needs. However, they also show that our region has substantial health assets and a community committed to working together for population health improvement.

Please note that this summary report presents a high-level overview of the assessment results. For additional HPHD information, please visit our website at <https://www.vdh.virginia.gov/hampton-peninsula/>.

ABOUT THE DATA

Quantitative: To develop a complete picture of the health and well-being of HPHD, existing data were drawn from national, state and local sources. Sources of data included, but were not limited to, the U.S. Census, County Health Rankings, Healthy People 2020 and Greater Hampton Roads Community Indicators Dashboard. Types of data include self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and public health disease surveillance data. Survey data collected between December, 2021 - February, 2022 is included in this report. To view all survey data results (19,230 responses) go to <https://www.surveymonkey.com/results/SM-7KPQ7CHC9/>. To view **HPHD** survey results (11,965 responses) go to:

Professional Stakeholder Survey

https://www.surveymonkey.com/results/SM-gWPm7xzOt47E_2F_2F8oBjHN_2Bw_3D_3D/

Community Stakeholder Survey

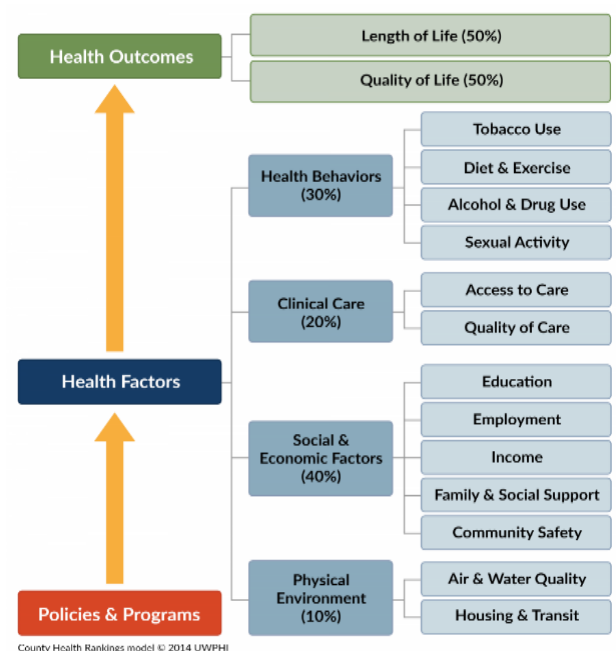
https://www.surveymonkey.com/results/SM-0W_2BYXGUo96sYHHGPZGJMvw_3D_3D/

***For survey results by locality, please refer to the appendices.**





Qualitative: In January, 2022, equity focus groups were conducted by a regional DEI collaborative, VOICES, to gauge their perceptions of the health of the community, their primary health concerns, and what external factors may be affecting their health.

County Health Rankings and Roadmaps, a collaboration between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, are widely used by communities interested in developing health improvement strategies. The rankings show a wide range of factors that influence our overall health, with medical care accounting for 20% and health behaviors, social, and economic factors accounting for 80%. [1]

As shown in *Exhibit 2*, James City County, Poquoson, Williamsburg, and York County most commonly rank in the top quartile (25 percent) among 133 Virginia cities and counties. Hampton and Newport News rank primarily in the third quartile on the ranked indicators, with Newport News ranking in the last quartile for social and economic factors. The *County Health Rankings and Roadmaps* provide a good starting point for understanding community health, but the rankings have some technical limitations, and they do not fully capture the diversity of health needs within each city and county.



[1] 2019 County Health Rankings, University of Wisconsin Population Health Institute & Robert Wood Johnson Foundation, Retrieved from <https://www.countyhealthrankings.org/what-is-health>

Exhibit 2. County Health Rankings Profile (2022)						
Indicator	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County
Health Outcomes	78	84	8	17	9	7
• Length of Life	83	84	26	16	10	8
• Quality of Life	76	81	6	19	13	10
Health Factors	82	87	7	34	11	5
• Health Behaviors	92	91	20	17	12	8
• Clinical Care	40	59	11	14	4	3
• Social & Economic Factors	97	101	3	69	27	7
• Physical Environment	26	72	31	17	30	20
Rank  1-33  34-67  68-100  101-133						
Source: County Health Rankings for Virginia, http://www.countyhealthrankings.org/						

Indicators of Health Opportunity

The conditions in which we live and the impact of “place” (e.g. school, church, neighborhood, etc.) on health is fundamental to the social determinants of health. Considering these social indicators of health opportunity is another way to examine community health. As shown in *Exhibit 3*, a substantial number of local residents may face challenges in achieving or sustaining optimal health due to personal, social, and economic factors such as advanced age, low income, low education, lack of insurance, or other factors that influence health. We recognize that these health factors are not definitive predictors of health status, but these factors do place many individuals at elevated risk for health challenges. The following information provides a snapshot of several factors that may influence the health of our region.

2022 HPHD Population

	Hampton	Newport News	Poquoson	Williamsburg	James City County	York County	HPHD	Virginia
Total Population	135,050	181,331	12,577	14,810	77,993	69,192	490,953	8,638,218
Percent Population Change (2010 – 2022)	-1.7%	0.2%	3.5%	7.9%	15.3%	6.1%	8.0%	7.9%

Source: <https://worldpopulationreview.com/states/virginia-population>

The population in our planning district has increased by 8.0% since 2010, which is similar to the population growth of the State. The Greater Williamsburg area, which includes James City County, York County, and the City of Williamsburg, had the highest percentage change overall, while the population in Hampton has decreased slightly over the past ten years. The population of Newport News has experienced minor growth as opposed to 2019, when the city had somewhat decreased since 2010. Additionally, Poquoson has also experienced an increase in population growth compared to 2019. The racial composition of our population continues to grow in its diversity and we are also experiencing growth in our aging population, which comes with its own share of health concerns including an increase in chronic disease. According to the Centers for Disease Control and Prevention (CDC), “6 in 10 adults in the U.S. have a chronic disease and 4 in 10 adults in the U.S. have two or more”. [2]

[2] CDC 2022, Chronic Diseases in America, Retrieved from <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

Exhibit 3. Selected Indicators of Social Determinants of Health (2022) Note: Important differences between Virginia state-level data and locality/district data are highlighted in blue.								
Indicators (all estimates)	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County	HPHD	Virginia
Estimated Child Population (age <18)	21.0%	23.7%	21.1%	11.4%	19.2%	22.5%	21.8%	21.6%
Estimated Older Adult Population (65+)	16.9%	14.3%	20.7%	18.0%	26.9%	17.8%	15.8%	16.9%
Children in Poverty (below 100% Poverty Level)	23.2%	22.2%	9.4%	15.9%	9.9%	6.2%	16.7%	13.9%
Population at or below 100% of Poverty Level	15.2%	15.3%	5.6%	20.7%	7.3%	4.9%	11.9%	10.6%
Pop. Age 25+, less than High School	8.0%	9.1%	5.0%	5.2%	4.5%	5.3%	7.5%	10.0%
Children with Health Insurance	96.4%	96.2%	96.3%	95.0%	95.7%	95.7%	95.4%	95.1%
Adults with Health Insurance (age 18-64)	90.6%	88.3%	93.4%	91.1%	92.0%	91.9%	88.3%	89.2%
Asian Population	2.4%	3.3%	2.4%	5.8%	2.6%	6.2%	4.8%	7.1%
Black or African American Population	51.1%	42.3%	1.2%	15.8%	13.4%	13.6%	36.2%	19.5%
White Population	38.9%	45.0%	91.9%	71.0%	78.2%	72.7%	60.4%	64.9%
Hispanic \ Latino Population	6.9%	10.2%	3.9%	7.4%	6.8%	7.8%	7.0%	10.5%
Some Other Race	1.9%	3.6%	0.6%	2.8%	1.9%	2.2%	2.1%	4.1%
Two or More Races	5.1%	5.1%	3.2%	4.1%	3.4%	4.6%	4.4%	3.9%
Source: Greater Hampton Roads Community Indicator Dashboard, Community Data, Demographics, 2022 www.ghrconnects.org Source: US Census, https://data.census.gov/cedsci/								

The Robert Wood Johnson Foundation's *Overcoming Obstacles to Health* report states that, "a large and growing body of research evidence shows that the complex array of factors that are intrinsically linked with poverty make up the "social determinants" of health". Simply stated, "Factors that are integral to poverty, such as insufficient education, inadequate housing, racism, and food insecurity, are also indicators of poor health. We know that a child's life expectancy is predicted more by his ZIP code than his genetic code." [3]

As shown in *Exhibit 3*, poverty rates for children and adults in Hampton, Newport News, and the City of Williamsburg are higher than the State, with Williamsburg experiencing an increase in the child poverty rate since 2017. The increases have highlighted the prevalence of child poverty in our communities and the need to address it as we investigate solutions to improving health outcomes. However, our responsibility is not solely on low income communities. We prioritize the most vulnerable, but address any conditions that affect the health outcomes of all of our residents.

Another important factor to consider when it comes to health is health insurance. With the expansion of Medicaid in Virginia, HPHD continues to trend upward in achieving health care coverage for all. This is shown by the increase in both children with health insurance and overall insured populations in Newport News, Williamsburg, and James City County. Improvements in insured rates have been seen especially among the overall population in our six localities. HPHD will continue to work with community partners to increase access to healthcare for everyone in the district.

Indicators of Health Status

Health status in a community is measured in terms of morbidity (rates of the incidence and prevalence of disease) and mortality (rates of death within a population). It's important to note that the health status of a community is a multidimensional concept and therefore requires multiple indicators to provide an overall measure of health. The

information below helps describe the health of our communities. These rankings show health quality, with 1 representing the best and 123 representing the worst morbidity and mortality.

As shown in *Exhibit 4*, Poquoson, Williamsburg, James City County, and York County rank in the top quartile (20%), while Hampton and Newport News rank in the third quartile for morbidity. This ranking reflects overall quality of life and is calculated from the following measures: poor or fair health, poor physical health days, poor mental health days, and low birthweight.

Exhibit 4. Morbidity Ranking (2021)						
Indicator	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County
Morbidity Ranking	73	74	5	23	11	7
Rank	<div><div><div></div><div>5-23</div></div><div><div></div><div>23-56</div></div><div><div></div><div>56-74</div></div><div><div></div><div>74-97</div></div><div><div></div><div>97-123</div></div></div>					
Source: Greater Hampton Roads Community Indicator Dashboard, Community Data, Morbidity Ranking, 2021 www.ghrconnects.org						

Exhibit 5 depicts a variety of conditions that contribute to morbidity, including obesity, asthma, cancer, coronary heart disease, diabetes, and high blood pressure, among others. Of the indicators measured, Obesity, high blood pressure, and high cholesterol were the top health problems identified across the HPHD's 6 localities, with around 1 in 3 adults experiencing these conditions. These health issues were generally most prevalent in Hampton and Newport News, with the exception of high cholesterol, and lowest in Williamsburg. Conversely, stroke and kidney disease were the least common issues in those living in the HPHD. Arthritis and coronary heart disease were slightly more prevalent in Virginia than in HPHD, while high cholesterol was much more common in Virginia than in HPHD. However, it is important to note that Virginia data came from 2020 while the locality data is from 2019, so differences may be due to the year variance.

[3] Robert Wood Johnson Foundation, Overcoming Obstacles to Health: Report from the Robert Wood Johnson Foundation to the Commission to Build a Healthier America, Retrieved from <https://www.rwjf.org/en/library/research/2008/02/overcoming-obstacles-to-health.html>

Exhibit 5. Morbidity Indicators (2019-2020)							
Note: Locality percentages higher than Virginia state-level percentages are highlighted in blue.							
Indicators (all estimates)	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County	Virginia
Adults who are Obese	39.6%	38.6%	31.7%	28.2%	31.3%	30.1%	31.9%
Adults who Experienced a Stroke	4.0%	3.6%	3.1%	2.8%	3.4%	2.9%	-
Adults with Arthritis	26.1%	25.1%	27.4%	21.4%	29.0%	24.5%	29.3%
Adults with Asthma	10.3%	10.5%	8.7%	10.0%	8.5%	8.5%	9.0%
Adults with Cancer	6.3%	5.9%	8.4%	5.9%	9.1%	7.5%	-
Adults with Chronic Obstructive Pulmonary Disease (COPD)	7.0%	6.7%	6.7%	5.7%	6.5%	5.7%	-
Adults with Coronary Heart Disease	6.0%	5.6%	6.2%	5.2%	6.6%	5.3%	7.1%
Adults with Diabetes	13.0%	12.1%	10.1%	8.9%	11.3%	9.7%	12.6%
Adults with Depression	18.5%	19.0%	19.3%	20.7%	17.8%	18.0%	-

Adults with High Blood Pressure (Hypertension)	38.9%	36.8%	34.2%	27.9%	36.5%	32.3%	33.6%
Adults with High Cholesterol	30.0%	28.7%	34.7%	26.7%	36.5%	32.6%	51.5%
Adults with Kidney Disease	3.3%	3.1%	2.8%	2.6%	3.1%	2.6%	3.2%
Source: Centers for Disease Control and Prevention, PLACES: Local Data for Better Health, 2019 https://www.cdc.gov/places/							
Source: Kaiser Family Foundation, Health Status Indicators https://www.kff.org/state-category/health-status/							

Measures of mortality were also examined for HPHD, shown in *Exhibit 6*. These ranks are calculated based on premature deaths in each city and county. Williamsburg, James City County, and York County rank in the first quartile (20%), Poquoson ranks in the second, and Hampton and Newport News rank in the fourth quartile.

Exhibit 6. Mortality Ranking (2021)						
Indicator	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County
Mortality Ranking	85	69	22	13	11	7
Rank	<div><div><div></div><div>7-16</div></div><div><div></div><div>16-33</div></div><div><div></div><div>33-59</div></div><div><div></div><div>59-85</div></div><div><div></div><div>85-129</div></div></div>					
Source: Greater Hampton Roads Community Indicator Dashboard, Community Data, Mortality Ranking, 2021 www.ghrconnects.org						

As with morbidity, mortality was then broken into several causes, including Alzheimer's Disease, cancer, stroke, diabetes, and heart disease, among others. It is important to note that data was limited for Poquoson and Williamsburg, and in some cases, York County as well. This makes it difficult to compare mortality rates among HPHD's 6 localities. As shown in *Exhibit 7*, cancer and heart disease were the top two causes of death (per 100,000 population) in the HPHD. However, rates of cancer deaths were significantly lower in Williamsburg than in the other five regions. On the other hand, deaths from influenza, pneumonia, and suicide were lowest in HPHD's 6 localities. Similar to morbidity measures, mortality rates across all indicators were generally highest in Hampton and Newport News - with James City and York County mostly experiencing the lowest rates of cause-specific mortality. Influenza and pneumonia deaths were higher in Virginia than for the three HPHD localities that had available data for these deaths. Of note, drug and opioid-involved overdoses were highest in Hampton and Newport News compared to available data in our other localities and Virginia.

Exhibit 7. Mortality Indicators (Deaths per 100,000 population) (2019-2020)							
Note: Locality rates that were above Virginia state-level rates are highlighted in blue.							
Indicators (all estimates)	City of Hampton	City of Newport News	City of Poquoson	City of Williamsburg	James City County	York County	Virginia
Age-Adjusted Death Rate due to Alzheimer's Disease	31.4	32.7	40.9	-	31.3	27.9	27.6
Age-Adjusted Death Rate Due to Cancer	177.9	185.7	168.8	77.7	144.8	121.9	152.4
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	44.5	48.9	-	38.2	32.3	35.9	39.0
Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	39.9	41.2	45.4	-	23.3	30.6	34.4
Age-Adjusted Death Rate due to Diabetes	30.3	38.6	-	-	11.2	21.4	23.5

Age-Adjusted Death Rate due to Heart Attack (35+ years)	46.1	40.0	-	47.4	47.1	35.6	44.0
Age-Adjusted Death Rate due to Heart Disease	182.0	189.1	158.1	122.2	118.6	115.8	149.6
Age-Adjusted Death Rate due to Influenza and Pneumonia	9.2	9.5	-	-	6.5	-	11.8
Age-Adjusted Death Rate due to Suicide	11.4	14.3	-	-	12.0	14.8	13.4
Age-Adjusted Death Rate due to Unintentional Injuries	56.8	57.1	-	-	36.7	40.2	46.7
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	31.4	27.0	-	-	15.9	20.4	20.6
Notes: The data source, Greater Hampton Roads Community Indicator Dashboard, does not have age-adjusted death rate data for all indicators in all our localities (Poquoson, Williamsburg, and York Co.).							
Source: Greater Hampton Roads Community Indicator Dashboard, Community Data, Indicator List by Location, 2019 www.ghrconnects.org							

ABOUT THE COMMUNITY HEALTH ASSESSMENT

This assessment brings together community health leaders and providers, along with local residents, to research and prioritize city and county health needs. Obtaining insight from those who live, work, play and worship in the community is a very important way to examine community health. In an effort to understand the different perspectives, HPHD in collaboration with local hospitals, conducted surveys with 944 community professionals and 11,004 community residents - a much greater population than our previous Community Health Assessment conducted in 2019. We continue to conduct this work, on an ongoing basis, with the goal of continuously updating our understanding of community needs.

The following information, defined by topic, provides an overview from the HPHD Professional Stakeholder and Community Stakeholder survey questions. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded from these results.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 8*, a wide range of concerns were identified on both surveys. Two of the top three health concerns among adults (18+) were the same for both professional and community stakeholders: behavioral / mental health and COVID-19. Additionally, professionals viewed alcohol / substance abuse as a primary health concern for adults (18+) in the HPHD community, while community members cited Alzheimer's Disease / dementia as a main concern.

Exhibit 8. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		44.0
Alzheimer's Disease / Dementia		25.8
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		76.7
Cancer		14.9
COVID-19		35.0
		30.8
		36.9
		53.3
		30.7
		46.4

Exhibit 8. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Diabetes	27.3	22.3
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)	17.6	22.2
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	9.5	11.6
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	9.0	7.3
Violence – Sexual and / or Domestic	33.7	22.8
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)	24.8	32.4
Total Number of Respondents	677	8332

Community members and professionals shared similar concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and violence in the home as major concerns in the HPHD community. Professionals viewed violence in the community as another top threat, while community members listed COVID-19 as a major concern. See *Exhibit 9* for results of the top eleven health concerns.

Exhibit 9. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		25.7
Alzheimer's Disease / Dementia		1.9
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		70.6
Cancer		5.2
COVID-19		28.2
Diabetes		9.6
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		3.2
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		6.2
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		20.2
Violence – Sexual and / or Domestic		50.4
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		29.9
Total Number of Respondents	677	8332

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals

saw the same issues as important among adults (18+). The data shows (see *Exhibit 10*) that availability of services / wait list for services, costs, and health insurance were the most significant barriers for adults (18+) accessing care.

Exhibit 10. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		57.6
Childcare		23.2
Challenges Accessing Healthcare Services		29.2
Costs of Care		51.4
COVID-19 Limitations on In-Person Appointments		12.9
Don't Have the Technology to Utilize Telehealth Options		17.1
Health Insurance		37.4
Language Barrier		9.5
Location of Services		10.2
Unable to Get Time off from Work		25.9
Transportation		35.3
Total Number of Respondents		609

Professionals and community members cited the same barriers to accessing care for children and teens (0-17 y/o) as for adults (18+): availability of services / wait list for services, costs of care, and health insurance. See *Exhibit 11* for the full list of barriers.

Exhibit 11. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		54.8
Childcare		20.9
Challenges Accessing Healthcare Services		24.8
Costs of Care		38.6
COVID-19 Limitations on In-Person Appointments		13.9
Don't Have the Technology to Utilize Telehealth Options		10.2
Health Insurance		27.8
Language Barrier		5.1
Location of Services		13.5
Unable to Get Time off from Work		6.9
Transportation		27.4
Total Number of Respondents		609

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on the level of education and intellectual disabilities as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults. See *Exhibit 12* for a list of these barriers.

Exhibit 12. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		45.3
Race		21.5
Ethnicity		16.4
Immigration Status		10.8
Language		10.5
Sex		10.5
Gender		12.5
Level of Education		17.1
Intellectual Disabilities		17.2
Physical Disabilities		27.2
Religious Beliefs		7.5
Sexual Orientation		8.9
Type of Health Insurance / Way Services are Paid For		68.1
Total Number of Respondents	543	4222

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern for children and teens accessing quality care (see *Exhibit 13*). Professionals and community members also agreed that intellectual disabilities are significant barriers among children and teens. However, professionals found language to be a greater barrier, whereas community members identified race as a bigger barrier. This question, designed to assess perceptions of health care discrimination, has significant limitations that we share in the conclusion of this summary report.

Exhibit 13. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		8.2
Race		9.8
Ethnicity		7.3
Immigration Status		5.9

Exhibit 13. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Language	28.4	4.9
Sex	4.9	3.5
Gender	6.9	4.1
Level of Education	20.9	6.3
Intellectual Disabilities	32.0	9.9
Physical Disabilities	20.8	7.7
Religious Beliefs	5.5	2.9
Sexual Orientation	10.3	4.3
Type of Health Insurance / Way Services are Paid For	49.2	25.9
Total Number of Respondents	543	4222

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments [5]. Quality, accessibility, and availability of health care services are directly linked to health outcomes. People who have an ongoing source of care, have the ability to be seen in a timely manner and receive effective and efficient health care, and are therefore at lower risk for adverse health outcomes. [6] We asked respondents to identify the (top three) most important community health services, that they felt, needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified access to mental health providers in schools (Pre-K - 12) as the top service in need of strengthening. Professionals viewed healthy food access and safe and affordable housing as areas in need of improvement, while community members found the environment and safe communities (not to include safe housing) to be more in need of improvement. See *Exhibit 14* for the list of community services included in the 2022 CHA.

[5] Fair Society, Healthy Lives: The Marmot Review, Retrieved from <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

[6] Healthy People 2020, Access to Health Services, Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

Exhibit 14. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	
	Professional Stakeholder Survey (%)	Community Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)	56.2	30.2
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)	24.7	19.4
Access to Internet and Technology	11.2	16.9
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)	22.0	6.7

Exhibit 14. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)	12.3	21.5
Affordable Childcare	33.7	22.7
Employment Opportunities / Workforce Development	25.3	14.5
Environment (Air and Water Quality)	8.4	29.8
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)	38.3	29.7
Public Safety Services (Police, Fire, EMT)	15.2	27.7
Quality of Education (Pre K - 12)	25.9	27.8
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)	21.6	32.2
Safe and Affordable Housing	38.9	28.8
Total Number of Respondents	454	8282

Important Health Behaviors and Topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other factors. We asked our stakeholders and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 15*. Professionals and community members both viewed health screenings and annual checkups to be of greatest importance to one's health. However, professionals viewed awareness and understanding of health issues and new treatments as more important, while community members listed immunizations as an important health behavior.

Exhibit 15. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		35.1
Annual Checkups (Physicals, Well-Child Visits)	48.5	54.7
Awareness & Understanding of Health Issues and New Treatments	40.1	25.2
Exercise	27.9	39.0
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	49.1	60.8
Healthy Eating	33.0	33.7
Immunizations (Flu, Tdap, Shingles, MMR, COVID-10, etc.)	39.9	54.3
Parenting Support/Education	25.3	10.4
Relationship with Primary Care Provider or Pediatrician	28.6	32.8
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	22.9	17.1
Stress Relief Activities / Mindfulness	26.9	18.2
Total Number of Respondents	454	8398

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 16*. Professionals and community members agreed on the top three important health behaviors and topics for children and teens (0-17): annual checkups, immunizations, and access to fresh food.

Exhibit 16. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		41.9
Annual Checkups (Physicals, Well-Child Visits)		55.9
Awareness & Understanding of Health Issues and New Treatments		19.2
Exercise		27.3
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		18.7
Healthy Eating		34.6
Immunizations (Flu, Tdap, Shingles, MMR, COVID-10, etc.)		40.7
Parenting Support/Education		21.6
Relationship with Primary Care Provider or Pediatrician		24.2
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		23.1
Stress Relief Activities / Mindfulness		18.9
Total Number of Responses		454
		8398

Community Assistance in Crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, professionals were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 17*. The results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively. In order to highlight areas of improvement for community assistance access, *Exhibit 17* and *Exhibit 18* highlight the three topics of which stakeholders felt they had the LEAST access knowledge.

Exhibit 17. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of "Yes" Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	71.9
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	97.6
Housing Crisis	40.4
Lack of Food	72.1

Exhibit 17. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	78.2
Unable to Afford Prescription Medications	46.8
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	93.2
Total Number of Responses	455

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of “yes” responses to each service are shown in *Exhibit 18*. Community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively.

Exhibit 18. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)
Addiction to Alcohol, Gambling, Narcotics, etc.	55.9	39.9
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	95.2	93.4
Housing Crisis	29.9	25.6
Lack of Food	60.2	54.9
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	54.5	47.9
Unable to Afford Prescription Medications	26.1	22.9
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	92.4	91.1
Total Number of Responses	8227	8106

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how individuals feel about the status of diversity, equity, and inclusion, (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 19* displays these results. Professionals most commonly felt Satisfied by their organization’s dedication to DEI, followed closely by Very Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community’s progress toward DEI, followed by Satisfied.

Exhibit 19. Diversity, Equity, and Inclusion in Organizations and the Community		
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.		
DEI ranks presented as a percentage (%).		
Rank	Percentage of Responses	
	Professional Stakeholders and their Organizations (%)	Community Stakeholders and their Communities (%)

Exhibit 19. Diversity, Equity, and Inclusion in Organizations and the Community		
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.		
DEI ranks presented as a percentage (%).		
Very Satisfied	37.4	10.9
Satisfied	37.9	28.1
Neither Satisfied nor Dissatisfied	18.8	45.1
Dissatisfied	5.3	13.1
Very Dissatisfied	0.7	2.8
Total Number of Responses	589	7274

Trusted Sources of Health Information: The CHA also asked community members what sources they feel they can access for reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 20*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, local health system websites, and the state / local government, respectively.

Exhibit 20. Community Insights on Accessing Trusted Health Information	
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.	
Sources of trusted information as a percentage (%).	
Topic	Percentage of Responses
Church	9.4
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)	14.3
State / Local Government (Health Department, Governor, City)	51.1
Local Health System Website (Hospital, Free Clinics, etc.)	51.4
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	92.3
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	14.6
National Government (CDC, NIG, White House)	44.6
National Healthcare Sources (Such as Web MD)	29.5
Other	5.8
Total Number of Responses	7360

Received COVID-19 Vaccine: Community stakeholders were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults, and eligible children, in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 21*. Most respondents said all eligible children and adults in their household had received the COVID-19 vaccine (primary series). The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for eligible children was none having received the COVID-19 vaccine.

Exhibit 21. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
All	95.4	71.9
Some	3.6	6.3
None	0.9	21.8
Total Number of Responses	7236	1819

Planning to get the COVID-19 Vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 22*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by maybe. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe.

Exhibit 22. Planning to get the COVID-19 vaccine		
Notes: Highest percentage of adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	8.5	42.9
No	56.5	24.7
Maybe	35.0	32.4
Total Number of Responses	317	615

COVID-19 Vaccine Concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 23*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, and medical conditions, respectively. Being worried about the COVID-19 vaccine being harmful or having side effects and other concerns not listed were also cited as concerns for children and teens receiving the vaccine, although not knowing which vaccine is best was ranked as a greater threat than medical conditions.

Exhibit 23. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Topic		
Do Not Believe in Vaccines in General	8.7	2.5
Fear of Needles	4.1	6.3
Worried it Will be Harmful or Have Side Effects	64.7	75.7

Exhibit 23. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Not Knowing Which Vaccine is Best	8.3	13.0
Not Concerned About COVID-19 So Do Not Need a Shot	13.8	7.0
Not Necessary Since They Had COVID-19	20.2	12.8
Worried about Possible Costs	1.8	1.8
Unclear How to Get the Shot / Difficult Accessing	2.3	6.5
Religious Objections	14.2	6.0
Medical Condition	25.7	12.8
Other	45.4	48.9
Total Number of Responses	218	399

Pandemic Effects on Family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 24*. The majority of responses indicated their family's emotional health and finances had worsened as a result of the pandemic, while most reported no change in their family's physical health due to the pandemic. For emotional health and finances the second highest responses were no change, while the second highest response for physical health was worse.

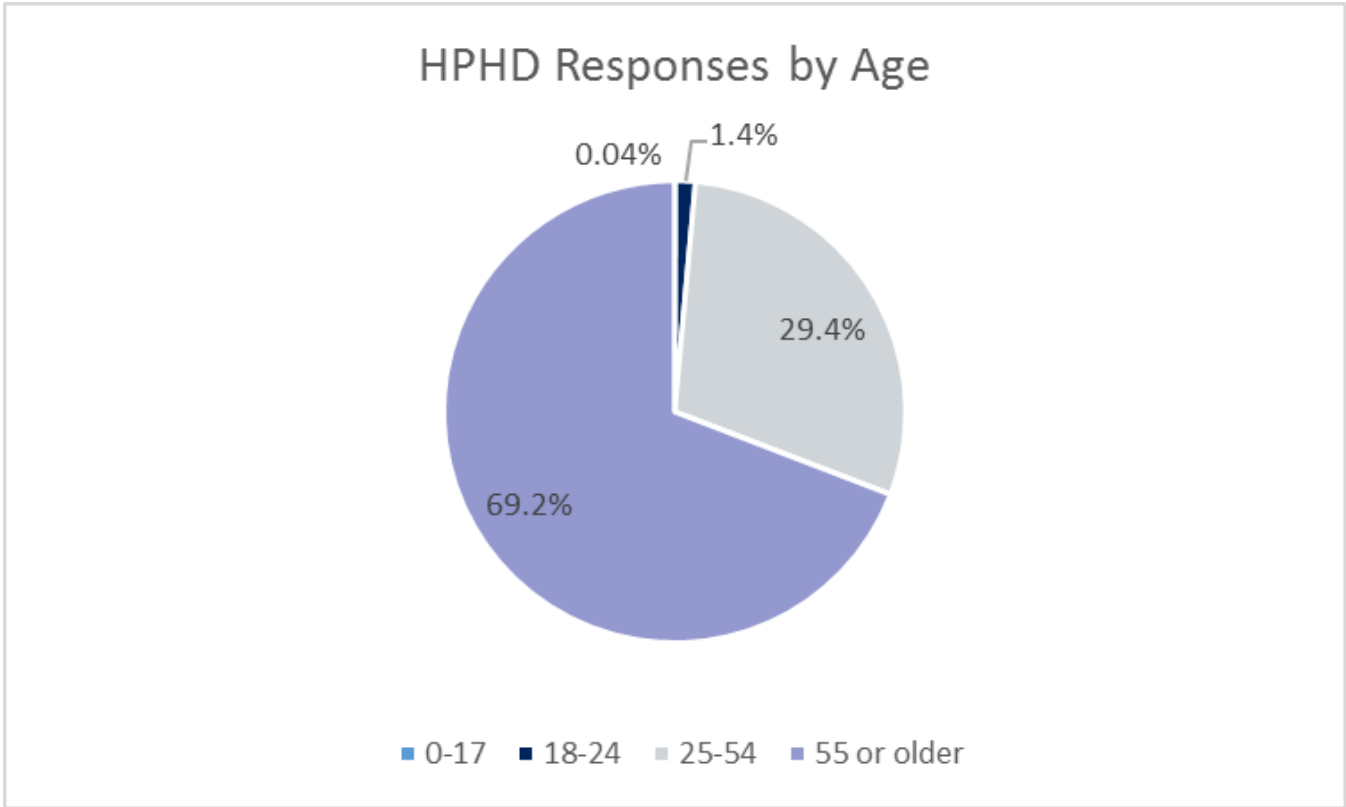
Exhibit 24. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Percentage of Responses	Physical Health (%)	Emotional Health (%)
Better		7.6	6.7
Worse		27.6	55.6
No change		64.8	37.7
Total Number of Responses		315	313

ABOUT THE RESPONDENTS

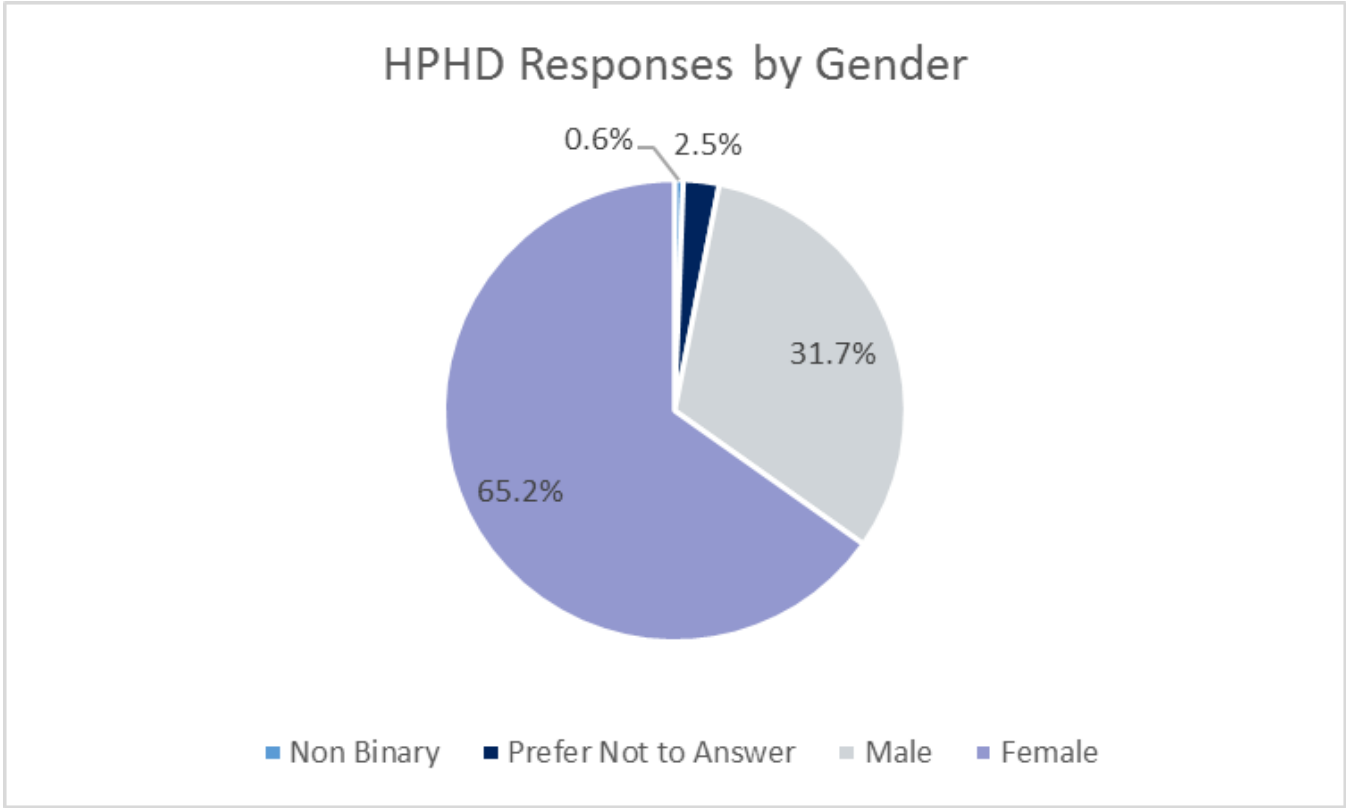
Community Health Survey Demographics

Presented below is a demographic profile of the community resident survey respondents:

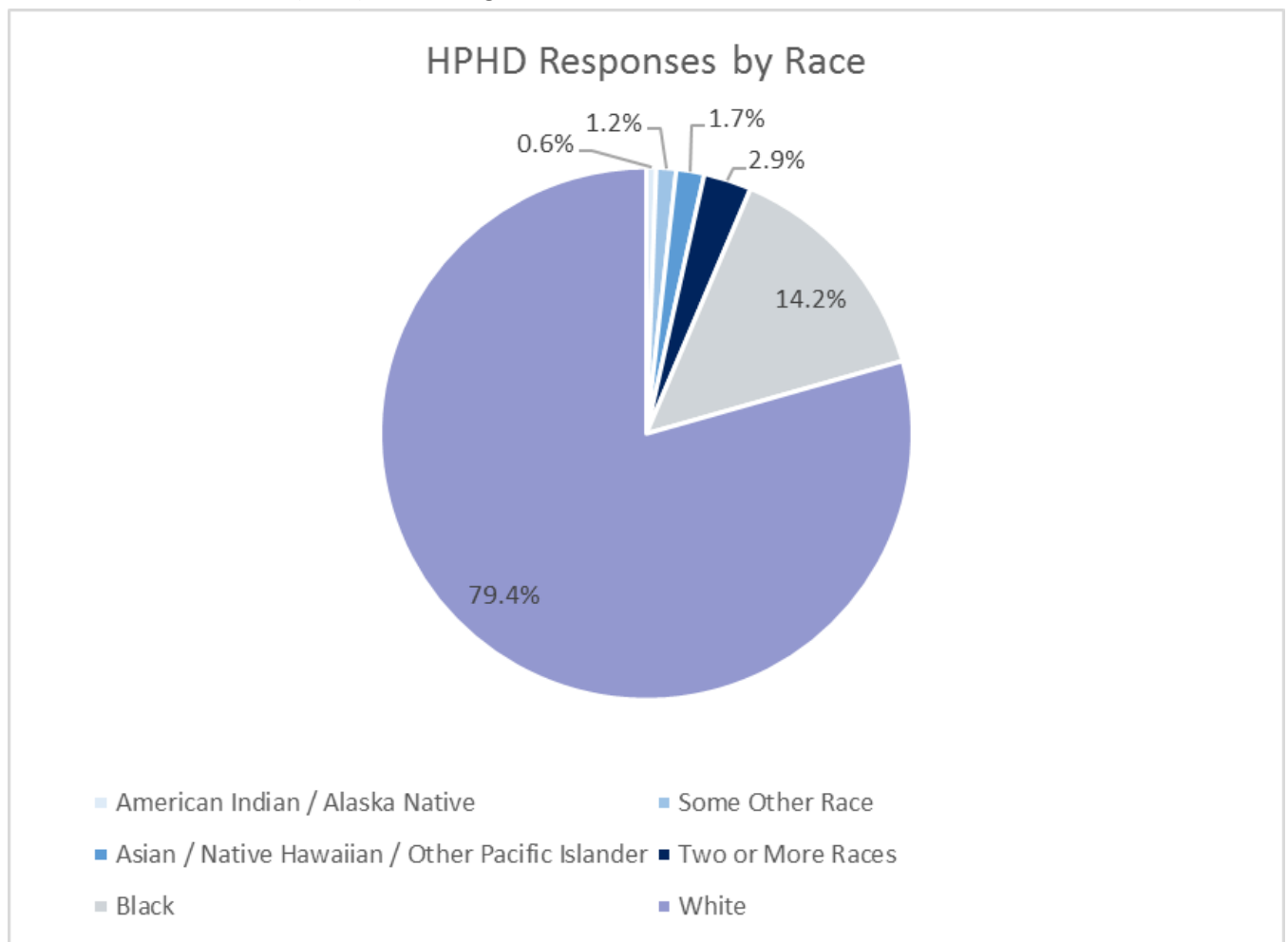
- The majority of survey respondents were adults aged 18 or older, with 0.04% age 0-17, 1.4% age 18-24, 29.4% age 25-54, and 69.2% age 55 or older.



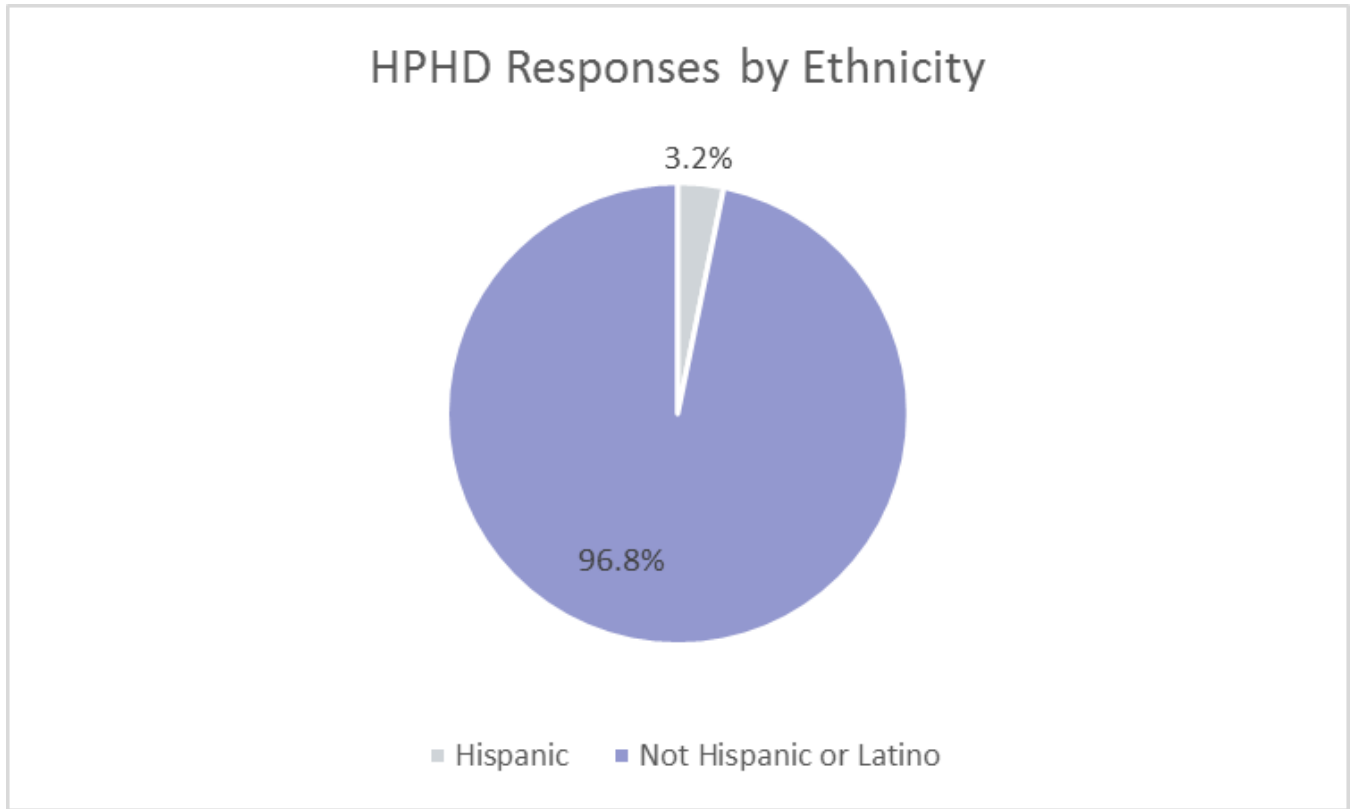
- The majority of respondents were female (65.2%).



- Most of the respondents (81.7%) own their own home. The average number of adults in the home was 1.8 while the average number of children was 0.7. The majority of respondents did not have any children in their home (69.4%), while 13.2% had children between the ages of 12 and 18 in the home and 12.4% had children between the ages of 5 and 11 in the home.
- Most of the survey population reported having insurance, with 44.9% reporting private insurance, 39.2% Medicare, 9.8% Military (Tricare / VA Benefits). The remaining responses included Medicaid (4.6%), Indian Health Services (0.1%), and uninsured / self pay (1.4%).
- Most respondents were White (79.4%); other respondents self-reported as Black (14.2%) or Multi-racial (2.9%). 1.7% were Asian / Native Hawaiian / Other Pacific Islander and 0.6% were American Indian / Alaska Native with an additional (1.2%) accounting for some other race.

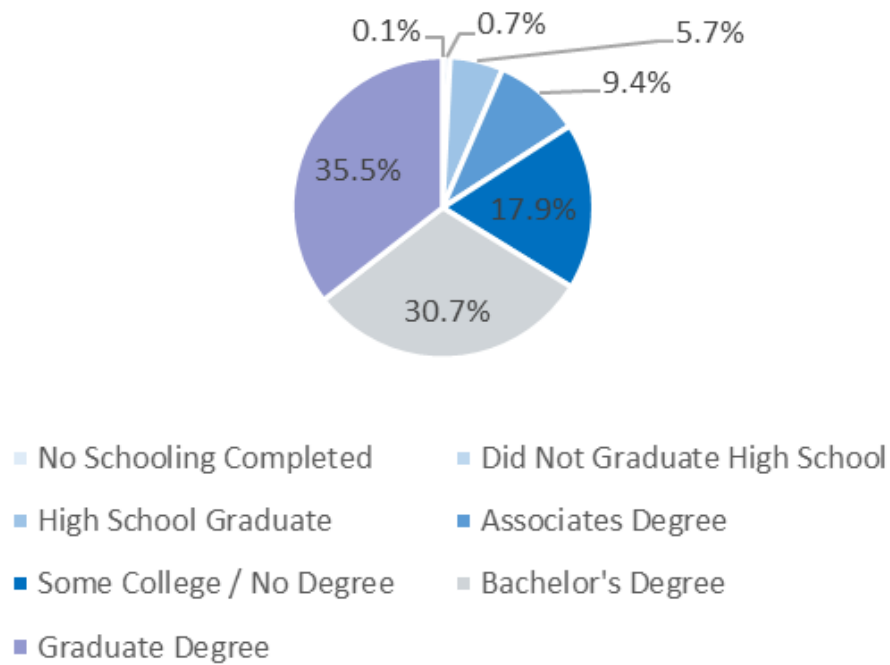


- The majority of respondents were not Hispanic or Latino (96.8%).



- The majority of respondents self-reported a high school education or higher, with 35.5% obtaining a graduate degree, 30.7% having a Bachelor's degree, 9.4% having an Associate's degree, 17.9% having some college and 5.7% having a high school diploma / GED. 0.7% of respondents did not graduate high school. 0.1% had no schooling completed.

HPHD Respondents by Education Level



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.6%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (81.9%) or dependents of someone who serves in the U.S. Armed Forces (91.4%).
- The primary language(s) spoken in the respondents' home was English (99.2%). There were 21 languages listed, with Spanish (1.4%) and German (0.6%), being the second and third most common, respectively.
- The majority of respondents (90.2%) were community members answering for themselves and their families. Note: The percentage is from the overall survey respondents and is slightly biased due to some community members answering the stakeholder survey.

Professional Stakeholder Organizational Affiliations

Exhibit 25 below lists the self-identified organizational affiliations of the 945 professional survey respondents (161 respondents skipped this question). Close to half of respondents self-identified as working in a healthcare field (41.9%).

Exhibit 25. Organizational Affiliations of Professional Respondents		
Organizational Affiliation	Response Percentage	Response Number
State, Local or Regional Health Departments	5.0%	40
Members of the Medically Underserved, Low-income and Minority Populations or Organizations Representing Medically Underserved, Low-income and Minority Populations	4.0%	32

Exhibit 25. Organizational Affiliations of Professional Respondents		
Health Care Consumers and Consumer Advocates	2.0%	16
Nonprofit and Community-based Organizations	20.2%	161
Academic Experts	1.8%	14
Local Government Officials	3.3%	26
Local School Districts	7.8%	62
Health Care Providers and Community Health Centers	41.9%	335
Health Insurance and Managed Care Organizations	1.3%	10
Private Businesses	10.9%	87
Labor and Workforce Representatives	1.5%	12
Military Representatives	0.4%	3
Civic Organizations	0.1%	1
Total Number of Responses	100.0%	945

SUPPORTIVE DATA

Presented below is the descriptive data that reflects the opinions of community members and survey respondents.

Focus Groups

A total of four equity focus groups were conducted, in January, 2022, by the Virginia Organization for Inclusive Concepts and Equitable Solutions (VOICES), a regional Diversity, Equity, and Inclusion (DEI) collaborative. VOICES is a think tank of DEI subject matter experts focused on best practices and the in-depth consideration of fair and equal treatment, systemic and institutional racism, socio-economic issues, and social determinants of health that are barriers to quality of life for historically marginalized and underserved people. VOICES members include representatives from the four major health systems in the region, the health department, the city school systems and colleges, local non-profits, and businesses within the Hampton & Peninsula Health Districts' catchment area. The equity focus groups were conducted by the Eastern Virginia Medical School (EVMS) and are ongoing, with a goal to reach populations with barriers to access such as English as Second Language speakers, low-income populations, homebound residents, and racially and ethnically diverse populations. Facilitators guided discussions related to previously identified health concerns for inclusion in the CHA.

Twenty-four participants took part in the focus groups. Of these, 15 (63%) were from Norfolk, 4 (17%) were from Newport News, and 1 each (5%) were from Chesapeake, Hampton, Suffolk, and Portsmouth. Seven participants (29%) were men and the mean participant age was 54.8 years. All but one identified as Black or African American.

Due to the low participation rate from members that reside in our localities, we do not have enough data to conduct effective qualitative analysis. Therefore, focus groups will be ongoing in an effort to obtain sufficient qualitative data to better inform our CHA. To view the equity focus group report, please see Appendix VII.

Open-Ended Survey Responses

Open-ended survey responses are a successful way to solicit authentic insight and feedback, acknowledge the diversity of responses, and capture the “why” that complements the quantitative survey data in this report. An overview of the comments and suggestions from respondents on the following topics: Access to care; diversity, equity, and inclusion; responding to community's needs; sources of trusted health information; and COVID-19 vaccine concerns can be found in Appendix VIII. To review all comments, click on the survey links located on **page 4** of this document.

WAVY - Marshall Marketing

Through an ongoing partnership with news station, WAVY TV 10, HPHD was granted access to consumer research conducted by Marshall Marketing, a Research & Consulting company which has operated since 1985. Marshall Marketing surveys over 100 markets annually, and their data collection methods include: telephone, mail, online, and polling. Their media clients include consumers of TV & radio stations, cable, newspapers, circular printers, and direct mail. From 5/14/2021 - 6/9/2021 Marshall Marketing surveyed 800 adults ages 18+ on their demographics, health care services, and media habits in the Hampton Roads area. 218 people (27.3%) fall within the HPHD catchment area. The information in Appendix IX acts as supportive data for this Community Health Assessment.

Part 2. Conclusion

In this report, we have presented a summary of the recent 2022 HPHD Community Health Assessment. The results of this assessment reflect only a small percentage of opinions of the district. Although there are limitations, many useful findings will assist in Community Health Improvement Planning (CHIP) efforts.

This assessment contains some limitations that should be considered when making any health improvement plans based on its findings. Potentially due to selection bias caused by the delivery method (e-mail) and voluntary response nature of the survey, the demographic distribution of this sample may make generalization to younger groups, men, non-white populations, and those with low socioeconomic status difficult. These limitations present the possibility of bias in results and should be taken into consideration when developing the Community Health Improvement Plan. Additionally, the data provided in this assessment should be taken as estimates, due to crossover survey results from community stakeholders taking the professional stakeholder survey and vice versa. To handle this, any community stakeholder who answered the professional survey was assumed to be a professional stakeholder, and any professional stakeholder who answered the community survey was considered to be a community member. This methodology may have caused small variations in data when comparing professional and community stakeholders.

Additionally, local organizations are often unaware or unclear about their role in the public health system. Furthermore, the general public may lack awareness and understanding regarding the local public health system. On the basis of our findings, future studies and assessments will implement more refined measures, such as stratified sampling techniques, to ensure the inclusion of proportionally accurate subsets of the population. The participation of underserved populations and community partners can be improved through comparative effectiveness studies of alternative approaches to implementing the community health assessment (e.g., more effective ways to engage community members and stakeholders through trust building, community presence, and leadership.)

Priority Topics

Community members and professionals commonly identified the priority health concerns listed below. Many of the health priorities identified align with Virginia's Plan for Well-Being, state and local health data, and current ongoing community work. HPHD's collaboration with local health system partners and other community organizations, who have a stake in improving the health of our community, will be ongoing. Together we will identify strategies for evaluating resources and sustaining collective impact efforts that focus on community health improvement.

Priority Health Concerns (Adults), 2022

Behavioral / Mental Health	COVID-19	Alcohol / Substance Use	Alzheimer's Disease / Dementia
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Priority Health Concerns (Children and Teens), 2022

Behavioral / Mental Health	COVID-19	Violence in the Community	Violence in the Home
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Next Steps

The Community Health Improvement Plan (CHIP) is long-term and defines a vision for the health of the population within our districts. Now that we have identified the priority issues that exist within our health districts, we will collaborate with our community partners to prioritize the community health concerns and develop strategies for community health improvement. The same collaborative approach used for the CHA will also guide the CHIP process over the course of the next three years.

Monitoring and Updating Plan

Key accomplishments and highlights of the Hampton and Peninsula Health District's CHA will be shared with the community via the district's website <https://www.vdh.virginia.gov/hampton-peninsula/>. HPHD is committed to continuously assessing and monitoring the health of our community to ensure we are meeting the needs of community residents. Through active community engagement and collaborative participation among community stakeholders and hospitals, HPHD will work to strategically align focus areas for community health improvement.

A comprehensive review of this plan will be conducted again in 2025. This timeline facilitates alignment with the joint local community health assessment, conducted by the healthcare systems and local health districts, and planning initiatives planned for 2025.

Appendix I. Hampton Data

The following data presented below come specifically from respondents who self-identified as living or working in the Hampton community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 508 of the respondents were professionals while 2,140 were community members.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 26*, a wide range of concerns were identified on both surveys. Two of the top three health concerns among adults (18+) were the same for both professional and community stakeholders: behavioral / mental health and COVID-19, which is no different from the overall report. While professionals were of the consensus that alcohol / substance abuse is more threatening to adults (18+) in the Hampton community, community stakeholders diverged from the overall results, citing violence in the community as more threatening than Alzheimer's Disease / dementia.

Exhibit 26. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		43.2
Alzheimer's Disease / Dementia		24.7
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		76.0
Cancer		15.4
COVID-19		33.6
Diabetes		28.1
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		19.5
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		9.1
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		9.4
Violence – Sexual and / or Domestic		33.1
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		29.7
Total Number of Responses		384

We also asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and violence in the community as major concerns in the Hampton community. Professionals viewed violence in the home as a top threat, while community stakeholders listed COVID-19 as a major concern. See *Exhibit 27* for results of the top eleven health concerns

Exhibit 27. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)

Exhibit 27. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)	22.7	25.9
Alzheimer's Disease / Dementia	2.6	2.1
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)	71.1	58.9
Cancer	6.8	8.1
COVID-19	25.0	30.2
Diabetes	8.9	10.8
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)	3.9	4.7
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	6.3	5.6
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	21.1	17.7
Violence – Sexual and / or Domestic	50.3	29.7
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)	36.2	34.9
Total Number of Responses	384	1651

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals saw availability of services / wait list for services and costs of care as significant barriers for adults (18+) accessing care (see *Exhibit 28*). However, professionals viewed transportation to be a greater barrier, while community members cited health insurance as a concern.

Exhibit 28. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	
Availability of Services / Wait List for Services	59.4	57.8
Childcare	22.6	13.2
Challenges Accessing Healthcare Services	28.6	28.2
Costs of Care	50.9	61.0
COVID-19 Limitations on In-Person Appointments	13.4	28.8
Don't Have the Technology to Utilize Telehealth Options	17.4	13.2
Health Insurance	37.1	39.0
Language Barrier	7.4	4.1
Location of Services	12.0	17.9
Unable to Get Time off from Work	26.3	23.7
Transportation	38.0	16.1
Total Number of Responses	350	1314

Professionals and community members were also asked to rank the same concerns among children and teens (0-17 y/o) accessing care. The top two barriers identified were the same for adults: availability of services / wait list for services and

costs of care (see *Exhibit 29*). Once again, professionals placed greater emphasis on transportation, while community members viewed health insurance to be a greater barrier to accessing care for children and teens.

Exhibit 29. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		58.0
Childcare		20.3
Challenges Accessing Healthcare Services		23.7
Costs of Care		38.6
COVID-19 Limitations on In-Person Appointments		13.4
Don't Have the Technology to Utilize Telehealth Options		10.6
Health Insurance		25.4
Language Barrier		4.6
Location of Services		15.4
Unable to Get Time off from Work		7.7
Transportation		29.4
Total Number of Responses		350

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on the level of education and intellectual disabilities as barriers to quality care, while community members cited age and race to be of greatest concern for adults. These results are identical to those from the overall report, although community members in Hampton cited race to be a greater barrier than physical disabilities. See *Exhibit 30* for a list of these barriers

Exhibit 30. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		35.7
Race		41.7
Ethnicity		30.6
Immigration Status		31.2
Language		40.1
Sex		8.3
Gender		13.1
Level of Education		47.8
Intellectual Disabilities		42.0
Physical Disabilities		35.4
Religious Beliefs		10.2

Exhibit 30. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Sexual Orientation	14.3	9.6
Type of Health Insurance / Way Services are Paid For	76.4	68.9
Total Number of Responses	314	937

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern for children and teens accessing quality care (see *Exhibit 31*). Professionals and community members also agreed that intellectual disabilities and race are significant barriers to children and teens accessing quality care.

Exhibit 31. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		10.0
Race		13.7
Ethnicity		10.0
Immigration Status		5.3
Language		4.9
Sex		4.8
Gender		5.0
Level of Education		9.2
Intellectual Disabilities		11.8
Physical Disabilities		8.2
Religious Beliefs		4.1
Sexual Orientation		5.9
Type of Health Insurance / Way Services are Paid For		27.9
Total Number of Responses	314	937

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified access to mental health providers in schools (Pre-K - 12) and healthy food access as the top services in need of strengthening. Professionals viewed safe and affordable housing as an additional area in need of improvement, while community members found safe communities to be more in need of improvement. See *Exhibit 32* for the list of community services included in the 2022 CHA.

Exhibit 32. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		56.7
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)		25.3
Access to Internet and Technology		10.5
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)		23.1
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)		13.7
Affordable Childcare		31.1
Employment Opportunities / Workforce Development		24.9
Environment (Air and Water Quality)		6.1
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)		42.9
Public Safety Services (Police, Fire, EMT)		15.2
Quality of Education (Pre K - 12)		24.6
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)		25.3
Safe and Affordable Housing		37.6
Total Number of Responses		277
		1642

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our professional and community stakeholders to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 33*. Professionals and community members both viewed health screenings and annual checkups to be of greatest importance to one's health. However, professionals viewed awareness and understanding of health issues and new treatments as more important, while community members listed immunizations as an important health behavior. These results are directly in line with the overall report.

Exhibit 33. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		37.6
Annual Checkups (Physicals, Well-Child Visits)		45.9
Awareness & Understanding of Health Issues and New Treatments		41.9
Exercise		29.7
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		48.7

Exhibit 33. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Healthy Eating	35.1	34.6
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)	39.0	53.9
Parenting Support/Education	25.1	13.9
Relationship with Primary Care Provider or Pediatrician	30.8	36.3
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	24.4	21.2
Stress Relief Activities / Mindfulness	26.5	23.2
Total Number of Responses	279	1659

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 34*. Professionals and community members agreed on the top three important health behaviors and topics for children and teens (0-17): annual checkups, immunizations, and access to fresh food. Once again, these results are identical to those from the overall report.

Exhibit 34. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		26.5
Annual Checkups (Physicals, Well-Child Visits)		31.3
Awareness & Understanding of Health Issues and New Treatments	20.1	11.9
Exercise	29.7	18.3
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	19.4	16.2
Healthy Eating	36.2	20.7
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)	40.1	26.4
Parenting Support/Education	20.4	10.1
Relationship with Primary Care Provider or Pediatrician	25.1	16.6
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	25.1	12.2
Stress Relief Activities / Mindfulness	21.1	11.6
Total Number of Responses	279	1659

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, professionals were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 35*. In order to

highlight areas of improvement for community assistance access, *Exhibit 35* and *Exhibit 36* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. The results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively. These results reflect those of the overall report.

Exhibit 35. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of “Yes” Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	73.8
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	97.8
Housing Crisis	43.0
Lack of Food	72.4
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	81.0
Unable to Afford Prescription Medications	49.4
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	95.3
Total Number of Responses	279

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of “yes” responses to each service are shown in *Exhibit 36*. Community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively. Once again, these results are the same as the overall report.

Exhibit 36. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)
Addiction to Alcohol, Gambling, Narcotics, etc.	58.7	42.2
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	93.5	91.6
Housing Crisis	35.5	29.3
Lack of Food	61.3	56.7
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	55.8	50.7
Unable to Afford Prescription Medications	28.6	25.1
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	88.5	87.9
Total Number of Responses	1614	1602

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how

individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from very satisfied to very dissatisfied. *Exhibit 37* displays these results. Professionals most commonly felt Very Satisfied by their organization's dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community's progress toward DEI, followed by Satisfied. While the community member results were the same as the overall report, professionals in the Hampton region felt more satisfied by their organization's response to DEI than in the overall report.

Exhibit 37. Diversity, Equity, and Inclusion in Organizations and the Community		
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.		
DEI ranks presented as a percentage (%).		
Rank	Percentage of Responses	Professional Stakeholders and their Organizations (%)
Very Satisfied		38.6
Satisfied		35.9
Neither Satisfied nor Dissatisfied		18.4
Dissatisfied		5.9
Very Dissatisfied		1.2
Total Number of Responses		337

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 38*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, state / local government, and local health system websites, respectively. While these top three responses mirror those from the overall report, Hampton respondents viewed state / local government to be more of a trusted source of health information than respondents in the overall report.

Exhibit 38. Community Insights on Accessing Trusted Health Information	
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.	
Sources of trusted information as a percentage (%).	
Topic	Community Stakeholder Survey (%)
Church	15.1
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)	15.6
State / Local Government (Health Department, Governor, City)	51.3
Local Health System Website (Hospital, Free Clinics, etc.)	48.0
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	90.3
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	16.8
National Government (CDC, NIG, White House)	39.1
National Healthcare Sources (Such as Web MD)	26.2
Other	4.7
Total Number of Responses	1457

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 39*. Most respondents said all of the eligible children and adults in their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine. These results are the same as the overall report.

Exhibit 39. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
All	93.3	65.4
Some	5.5	8.5
None	1.2	26.1
Total Number of Responses	1426	353

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 40*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by maybe. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe. Once again, these results are identical to those from the overall report.

Exhibit 40. Planning to get the COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	11.2	44.5
No	47.2	22.6
Maybe	41.6	32.9
Total Number of Responses	89	155

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for both adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 41*. The most commonly cited concerns for both adults and children and teens were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, and medical conditions, respectively.

Exhibit 41. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Topic	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
Do Not Believe in Vaccines in General	14.0	4.9
Fear of Needles	3.5	1.9
Worried it Will be Harmful or Have Side Effects	59.7	75.5
Not Knowing Which Vaccine is Best	8.8	15.7
Not Concerned About COVID-19 So Do Not Need a Shot	5.3	2.9
Not Necessary Since They Had COVID-19	21.1	7.8
Worried about Possible Costs	0.0	1.0
Unclear How to Get the Shot / Difficult Accessing	3.5	4.9
Religious Objections	17.5	8.8
Medical Condition	28.1	19.6
Other	42.1	43.1
Total Number of Responses	57	102

Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 42*. The majority of responses indicated their family's emotional health and finances had worsened as a result of the pandemic, while most reported no change in their family's physical health due to the pandemic. For emotional health and finances, the second highest response was no change - while the second highest response for physical health was worse. These results are the same as the overall report.

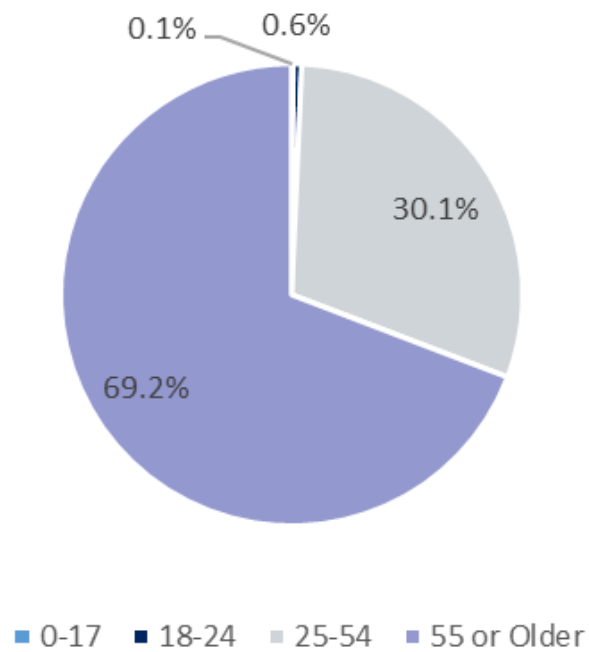
Exhibit 42. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Percentage of Responses	Physical Health (%)	Emotional Health (%)
			Finances (%)
Better	9.2	9.3	3.1
Worse	25.3	58.1	66.2
No change	65.5	32.6	30.8
Total Number of Responses	87	86	65

Demographic Profile of Hampton Community Health Survey Respondents:

Presented below is a demographic profile of the Hampton community resident survey respondents.

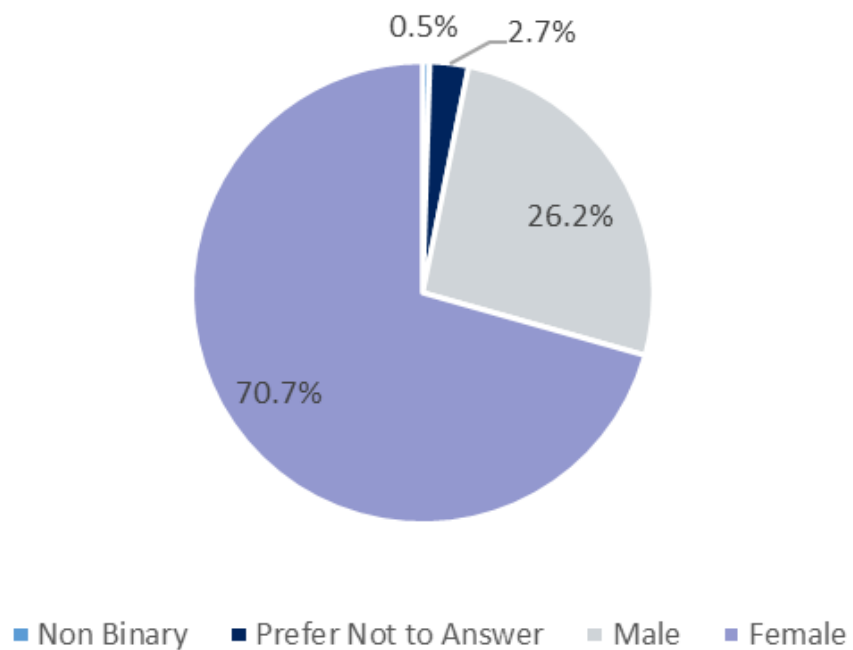
- The majority of survey respondents were adults aged 18 or older, with 0.1% age 0-17, 0.6% age 18-24, 30.1% age 25-54, and 69.2% age 55 or older. The Hampton respondents were slightly older than the overall report.

Hampton Responses by Age

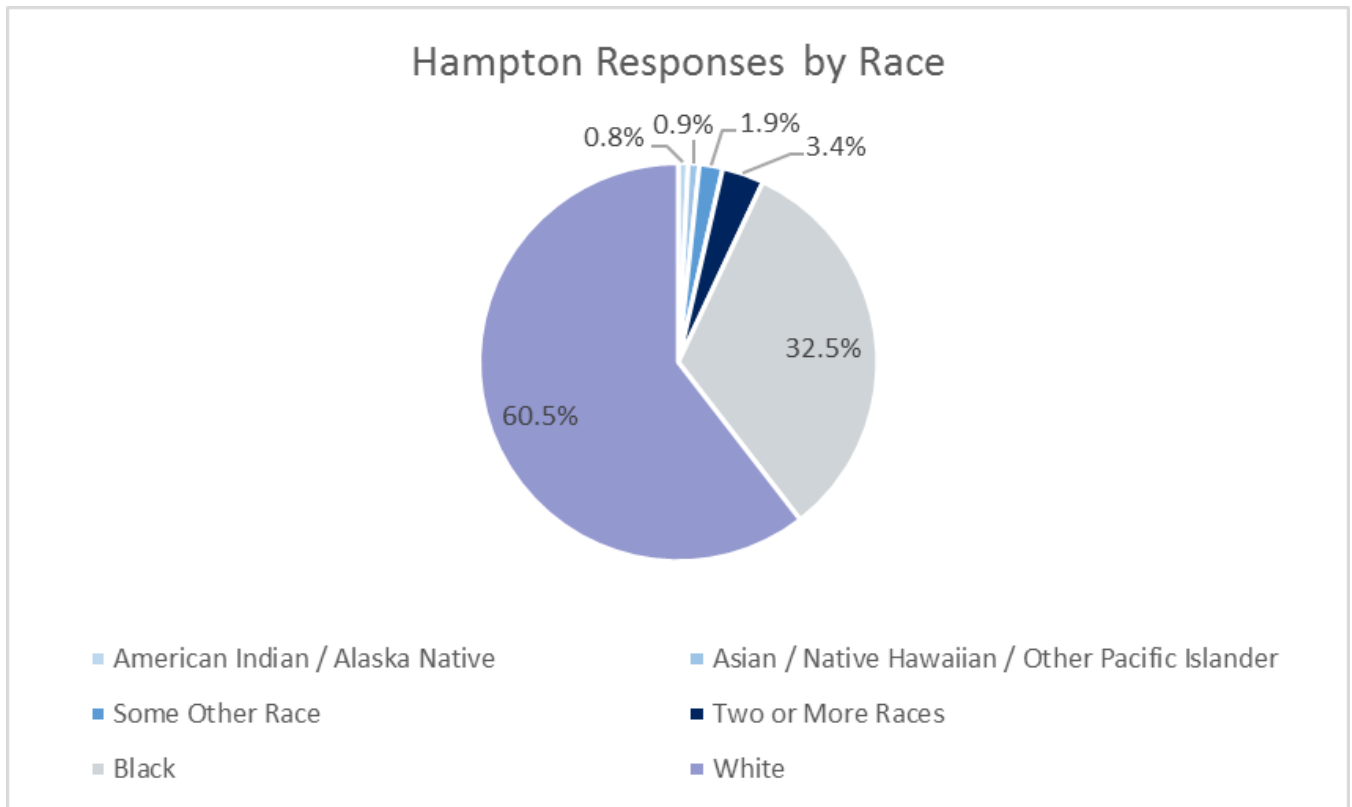


- The majority of respondents were female (70.7%), which is higher than the overall report.

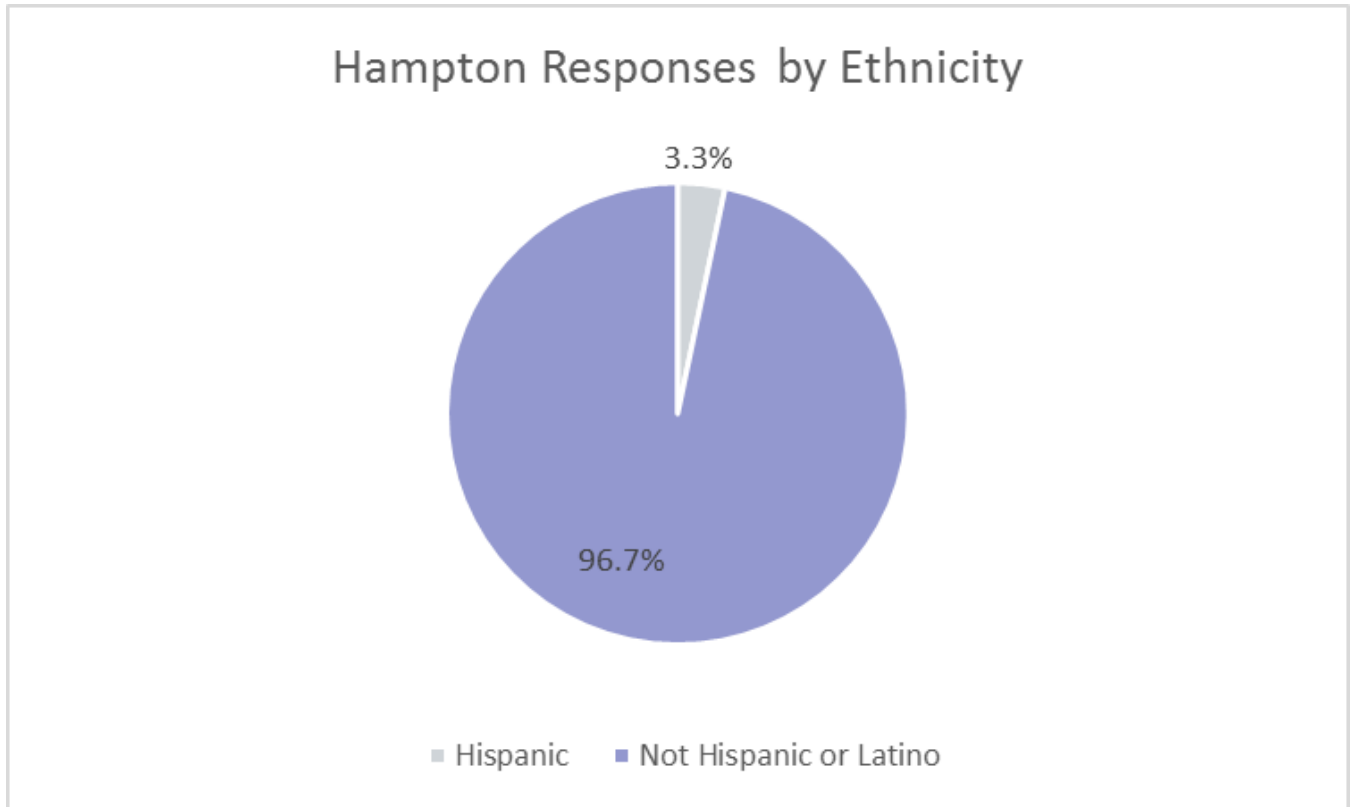
Hampton Responses by Gender



- Most of the respondents (76.1%) own their own home. The average number of adults in the home was 1.8 while the average number of children was 0.7. The majority of respondents did not have any children in their home (69.0%), while 13.7% had children between the ages of 12 and 18 in the home and 11.9% had children between the ages of 5 and 11 in the home.
- Most of the survey population reported having insurance, with 46.3% reporting private insurance, 34.8% Medicare, 11.2% Military (Tricare / VA Benefits). The remaining responses included Medicaid (5.9%), Indian Health Services (0.1%), and uninsured / self pay (1.7%).
- Most respondents were White (60.5%); other respondents self-reported as Black (32.5%) or Multi-racial (3.4%). 0.9% were Asian / Native Hawaiian / Other Pacific Islander and 0.8% were American Indian / Alaska Native with an additional (1.9%) accounting for some other race. Overall, the Hampton respondents were more diverse than the overall report.

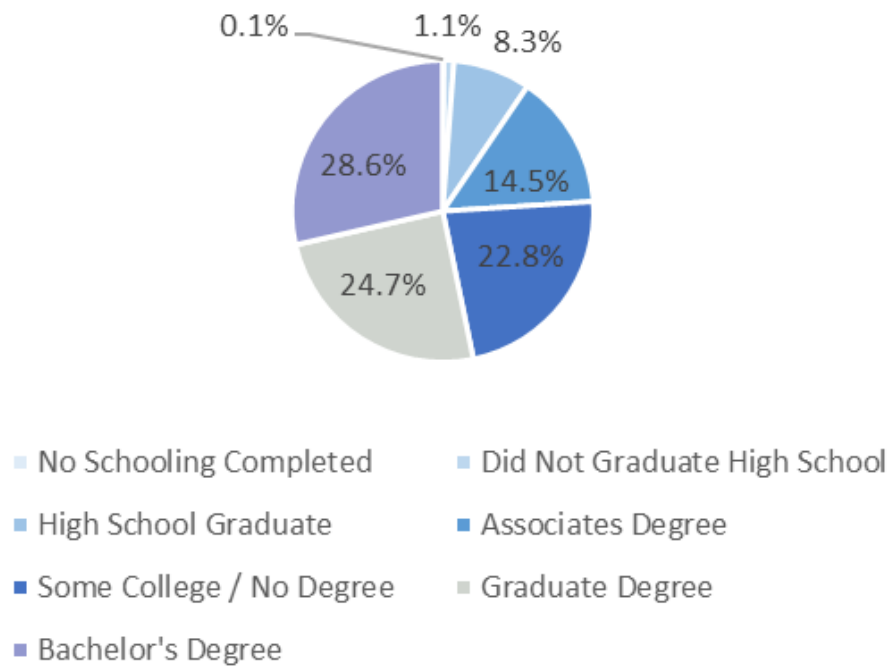


- The majority of respondents were not Hispanic or Latino (96.7%), which is slightly less than the overall report.



- The majority of respondents self-reported a high school education or higher, with 24.7% obtaining a graduate degree, 28.6% having a Bachelor's degree, 14.5% having an Associate's degree, 22.8% having some college and 8.3% having a high school diploma / GED. 1.1% of respondents did not graduate high school. 0.1% had no schooling completed. The Hampton respondents were less educated than the overall report.

Hampton Responses by Education Level



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.6%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (82.8%) or dependents of someone who serves in the U.S. Armed Forces (90.3%).
- The primary language(s) spoken in the respondents' home was English (99.2%). There were 21 languages listed, with Spanish (1.0%) being the second most common. American Sign Language, German, and Vietnamese were all tied for third most common (0.4%).

Appendix II. James City County Data

The following data presented below come specifically from respondents who self-identified as living or working in the James City County community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 360 of the respondents were professional stakeholders while 3,370 were community stakeholders.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 43*, a wide range of concerns were identified on both surveys. However, it's important to note that two of the top three health concerns among adults (18+) were the same for both professional and community stakeholders: behavioral / mental health and COVID-19. Additionally, stakeholders viewed alcohol / substance abuse as more threatening to adults (18+) in the James City County community, while community members cited Alzheimer's Disease / dementia as a main concern. These results are the same as those from the overall report.

Exhibit 43. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		43.1
Alzheimer's Disease / Dementia		24.2
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		77.3
Cancer		12.3
COVID-19		36.8
Diabetes		24.9
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		15.9
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		6.7
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		5.2
Violence – Sexual and / or Domestic		30.1
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		20.1
Total Number of Responses		269
		2582

Similarly, community members and professionals shared the same concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and violence in the home as the greatest concerns in the James City County community, which is identical to the results from the overall report. Professionals viewed COVID-19 as a top threat, while community members listed alcohol / substance abuse as a top concern. These results are different from the overall report as professionals in the overall report viewed violence in the community as a greater threat than COVID-19 and community members viewed COVID-19 to be a greater concern than alcohol / substance use. See *Exhibit 44* for results of the top eleven health concerns

Exhibit 44. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		26.0
Alzheimer's Disease / Dementia		1.9
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		69.1
Cancer		4.5
COVID-19		29.7
Diabetes		8.9
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		1.9
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		4.8
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		13.8
Violence – Sexual and / or Domestic		51.3
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		27.1
Total Number of Responses		269

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals viewed availability of services / wait list for services and costs of care as greatest barriers to accessing care (see *Exhibit 45*), which was also seen in the overall report. However, professionals viewed transportation as a major barrier, while community members viewed health insurance to be more problematic.

Exhibit 45. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		59.0
Childcare		19.3
Challenges Accessing Healthcare Services		28.3
Costs of Care		46.7
COVID-19 Limitations on In-Person Appointments		9.0
Don't Have the Technology to Utilize Telehealth Options		16.8
Health Insurance		33.6
Language Barrier		8.6
Location of Services		9.4
Unable to Get Time off from Work		24.6
Transportation		38.1
Total Number of Responses		244

The results from barriers to children and teens (0-17 y/o) accessing care were the same as those for adults: availability of services / wait list for services and costs of care (see *Exhibit 46*). Similarly, professionals cited transportation as another barrier, while community members viewed health insurance as a major barrier to accessing care.

Exhibit 46. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		59.8
Childcare		18.4
Challenges Accessing Healthcare Services		24.6
Costs of Care		35.2
COVID-19 Limitations on In-Person Appointments		12.7
Don't Have the Technology to Utilize Telehealth Options		9.8
Health Insurance		25.4
Language Barrier		6.1
Location of Services		14.3
Unable to Get Time off from Work		9.4
Transportation		25.8
Total Number of Responses		244

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professional and community stakeholders as the greatest barrier to accessing quality care. Professionals placed greater value on the level of education as well as language and intellectual disabilities (the latter two received the same number of responses) as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults. The results from the community members are the same as those from the general report. See *Exhibit 47* for a list of these barriers.

Exhibit 47. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for community stakeholders. As professional stakeholders placed equal importance on language and intellectual disabilities, four barriers have been shaded in blue from the professional survey.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		27.5
Race		31.7
Ethnicity		24.3
Immigration Status		34.4
Language		39.4
Sex		6.4
Gender		10.6
Level of Education		44.5
Intellectual Disabilities		39.4

Exhibit 47. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for community stakeholders. As professional stakeholders placed equal importance on language and intellectual disabilities, four barriers have been shaded in blue from the professional survey.		
Barriers to quality of care presented as a percentage (%).		
Physical Disabilities	30.3	24.3
Religious Beliefs	7.3	4.9
Sexual Orientation	12.8	6.9
Type of Health Insurance / Way Services are Paid For	77.5	66.8
Total Number of Responses	218	1134

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern for children and teens accessing quality care by the community (see *Exhibit 48*). Professionals and community members also agreed that intellectual disabilities are significant barriers among children and teens receiving quality care. However, professionals found language and immigration status (which were tied) to be greater barriers, whereas community members identified physical disabilities as a bigger barrier.

Exhibit 48. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care			
Notes: Top three barriers to quality of care shaded in blue for community stakeholders. As professional stakeholders placed equal importance on immigration status and intellectual disabilities, four barriers have been shaded in blue from the professional survey.			
Barriers to quality of care presented as a percentage (%).			
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)	Community Stakeholder Survey (%)
Age		16.5	5.7
Race		24.8	5.7
Ethnicity		19.7	4.5
Immigration Status		28.4	4.1
Language		29.8	3.9
Sex		4.1	2.1
Gender		6.4	2.9
Level of Education		20.2	3.6
Intellectual Disabilities		28.4	6.3
Physical Disabilities		18.3	6.2
Religious Beliefs		4.6	1.7
Sexual Orientation		11.5	2.6
Type of Health Insurance / Way Services are Paid For		50.0	21.8
Total Number of Responses		218	1134

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community health services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members were not at all in agreement over the most important community services. Professionals viewed access to mental health providers in schools, safe and affordable housing, and healthy food access, respectively, to be of most importance. However, community members viewed the environment, safe

communities, and public safety services, respectively, to be of most importance. See *Exhibit 49* for the list of community services included in the 2022 CHA.

Exhibit 49. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		27.9
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)	19.2	18.3
Access to Internet and Technology	9.9	19.2
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)	18.5	4.9
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)	15.2	21.4
Affordable Childcare	30.5	22.3
Employment Opportunities / Workforce Development	21.2	12.1
Environment (Air and Water Quality)	9.3	35.6
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)	38.4	27.0
Public Safety Services (Police, Fire, EMT)	12.6	29.7
Quality of Education (Pre K - 12)	25.8	26.9
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)	14.6	30.3
Safe and Affordable Housing	40.4	25.8
Total Number of Responses	151	2551

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our stakeholders and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 50*. Professionals and community members were in agreement that health screenings, annual checkups, and immunizations to be of greatest importance to the health of adults in James City County.

Exhibit 50. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		28.6
Annual Checkups (Physicals, Well-Child Visits)	42.4	51.6
Awareness & Understanding of Health Issues and New Treatments	37.7	20.9
Exercise	27.8	40.2

Exhibit 50. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)	45.0	60.3
Healthy Eating	30.5	31.8
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)	39.7	55.3
Parenting Support/Education	21.2	6.9
Relationship with Primary Care Provider or Pediatrician	25.2	31.6
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	22.5	13.8
Stress Relief Activities / Mindfulness	21.2	13.2
Total Number of Responses	151	2601

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 51*. Professionals and community members both agreed that annual checkups and immunizations are important health behaviors for children and teens. However, professionals cited health screenings as an important health behavior, while community members viewed access to fresh food to be of greater importance.

Exhibit 51. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		15.9
Annual Checkups (Physicals, Well-Child Visits)		22.9
Awareness & Understanding of Health Issues and New Treatments		5.1
Exercise		15.0
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		8.3
Healthy Eating		14.7
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		20.9
Parenting Support/Education		4.7
Relationship with Primary Care Provider or Pediatrician		9.3
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		6.6
Stress Relief Activities / Mindfulness		4.1
Total Number of Responses	151	2601

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services,

professionals were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering “yes” to each of the services is displayed in *Exhibit 52*. In order to highlight areas of improvement for community assistance access, *Exhibit 52* and *Exhibit 53* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. The results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively. These results are the same from the overall report.

Exhibit 52. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of “Yes” Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	76.8
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	99.3
Housing Crisis	47.3
Lack of Food	78.0
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	81.9
Unable to Afford Prescription Medications	51.0
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	93.9
Total Number of Responses	151

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of “yes” responses to each service are shown in *Exhibit 53*. Community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively. Once again, these results are identical to those from the overall report.

Exhibit 53. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)
Addiction to Alcohol, Gambling, Narcotics, etc.	56.6	39.9
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	96.1	94.8
Housing Crisis	28.2	23.9
Lack of Food	58.6	54.0
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	51.7	45.1
Unable to Afford Prescription Medications	25.1	21.7
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	94.2	93.4
Total Number of Responses	2555	2483

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 54* displays these results. Professionals most commonly felt Very Satisfied by their organization's dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community's progress toward DEI, followed by Satisfied.

Exhibit 54. Diversity, Equity, and Inclusion in Organizations and the Community			
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.			
DEI ranks presented as a percentage (%).			
Rank	Percentage of Responses	Professional Stakeholders and their Organizations (%)	Community Stakeholders and their Communities (%)
Very Satisfied		40.3	13.4
Satisfied		34.2	31.0
Neither Satisfied nor Dissatisfied		18.2	42.6
Dissatisfied		6.9	11.4
Very Dissatisfied		0.4	1.7
Total Number of Responses		231	2239

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 55*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, local health system websites, and the state / local government, respectively. These results are the same from the overall report.

Exhibit 55. Community Insights on Accessing Trusted Health Information		
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.		
Sources of trusted information as a percentage (%).		
Topic	Percentage of Responses	Community Stakeholder Survey (%)
Church		7.4
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)		14.6
State / Local Government (Health Department, Governor, City)		50.0
Local Health System Website (Hospital, Free Clinics, etc.)		54.1
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)		94.4
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)		10.9
National Government (CDC, NIG, White House)		47.2
National Healthcare Sources (Such as Web MD)		30.9
Other		6.3
Total Number of Responses		2272

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 56*. Most respondents said all of the children and adults in their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine, which is the same as the results from the overall report.

Exhibit 56. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
All	97.9	79.5
Some	1.8	6.2
None	0.3	14.3
Total Number of Responses	2215	453

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 57*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by maybe. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe. These results are identical to those from the overall report.

Exhibit 57. Planning to get the COVID-19 vaccine		
Notes: Highest response for adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	4.4	50.0
No	57.8	21.9
Maybe	37.8	28.1
Total Number of Responses	45	114

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 58*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, medical conditions, and believing the vaccine is not necessary since they had COVID-19, with these last two responses being tied. Being worried about the COVID-19 vaccine being harmful or having side effects, other concerns not listed, and believing the vaccine is not necessary as they had COVID-19 were also cited as concerns for children and teens receiving the vaccine, respectively.

Exhibit 58. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue. As community members cited medical conditions and believing the vaccine to be unnecessary since they had COVID-19 as equal concerns for adults receiving the vaccine, four concerns have been shaded in blue for adults.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Topic	Adults (18+) (%)	Children and Teens (5-17) (%)
Do Not Believe in Vaccines in General	0.0	0.0
Fear of Needles	4.4	5.9
Worried it Will be Harmful or Have Side Effects	82.6	82.4
Not Knowing Which Vaccine is Best	4.4	5.9
Not Concerned About COVID-19 So Do Not Need a Shot	21.7	2.9
Not Necessary Since They Had COVID-19	34.8	20.6
Worried about Possible Costs	0.0	2.9
Unclear How to Get the Shot / Difficult Accessing	4.4	8.8
Religious Objections	17.4	2.9
Medical Condition	34.8	8.8
Other	78.3	50.0
Total Number of Responses	23	68

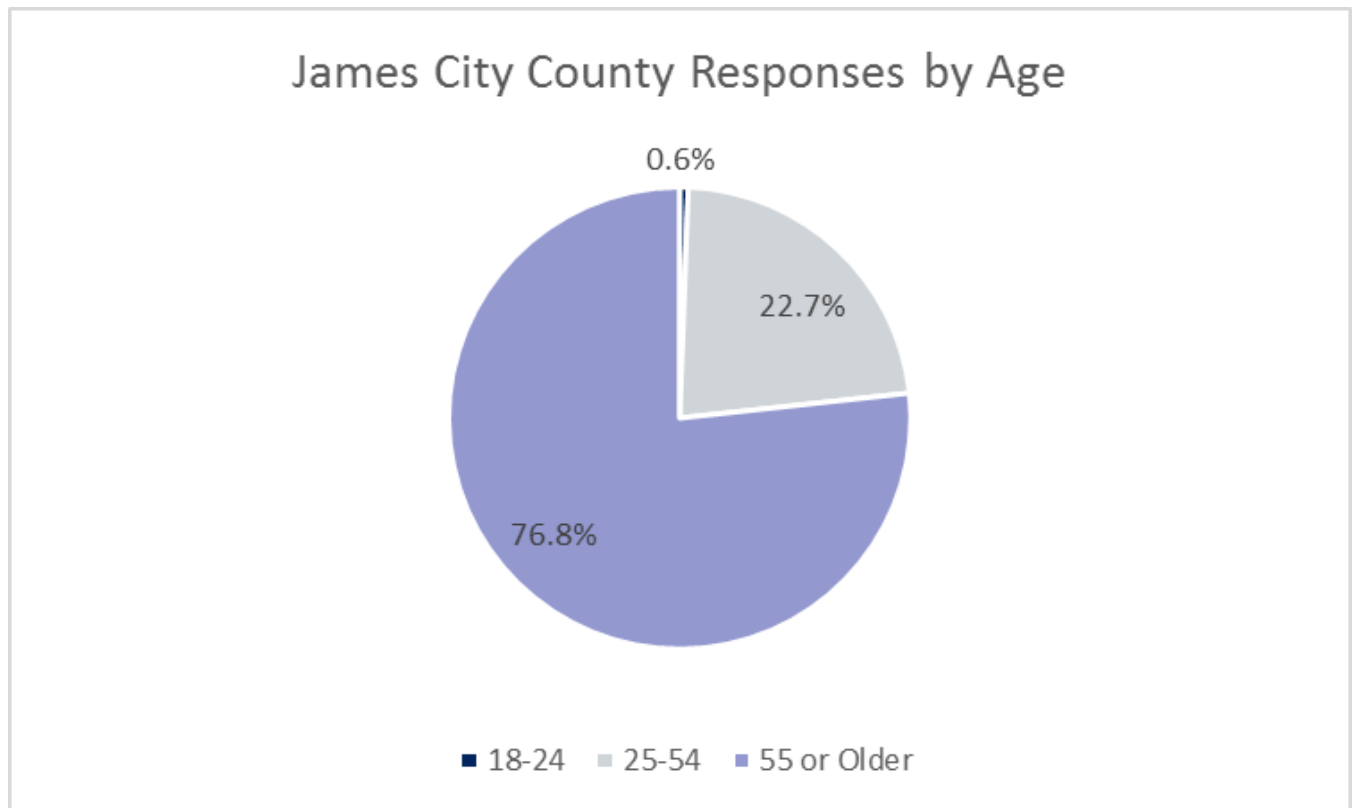
Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 59*. The majority of responses indicated their family's emotional health had worsened as a result of the pandemic, while most reported no change in their family's physical health or finances due to the pandemic. For emotional health the second highest response was no change, while the second highest response for physical health and finances was worse.

Exhibit 59. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Physical Health (%)	Emotional Health (%)	Finances (%)
Better	2.2	4.4	7.5
Worse	15.6	48.9	27.5
No change	82.2	46.7	65.0
Total Number of Responses	45	45	45

Demographic Profile of James City County Community Health Survey Respondents:

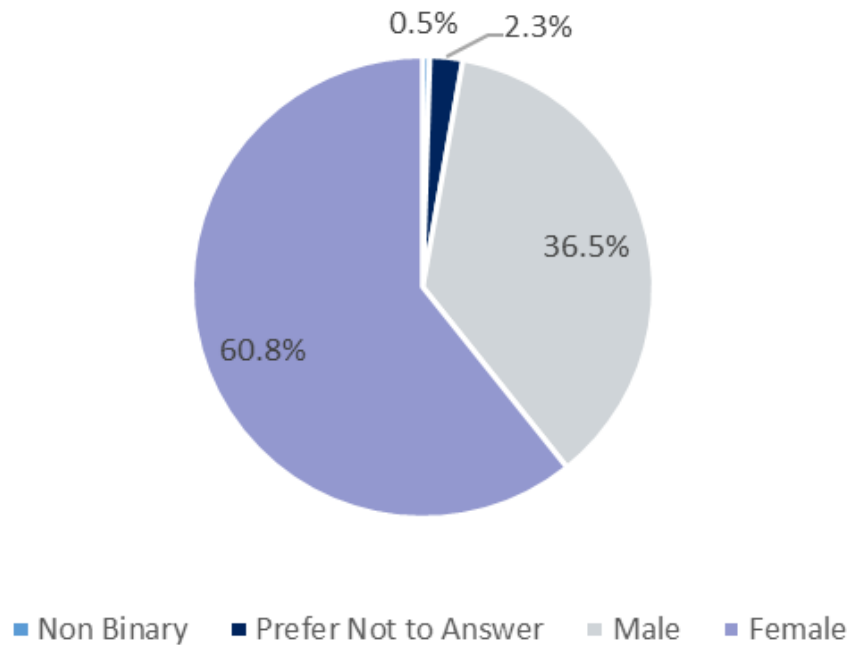
Presented below is a demographic profile of the James City County community resident survey respondents.

- The majority of survey respondents were adults aged 18 or older, with no respondents age 0-17, 0.6% age 18-24, 22.7% age 25-54, and 76.8% age 55 or older. The James City County respondents were much older than the overall report.



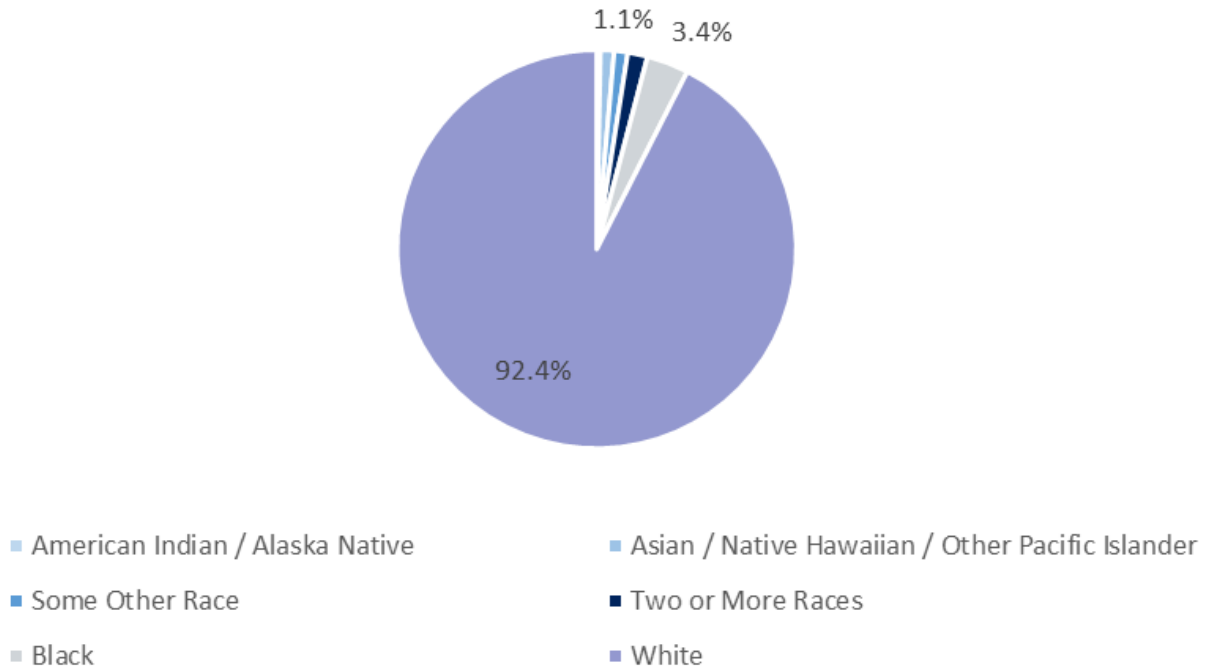
- The majority of respondents were female (60.8%), less than the overall report.

James City County Responses by Gender



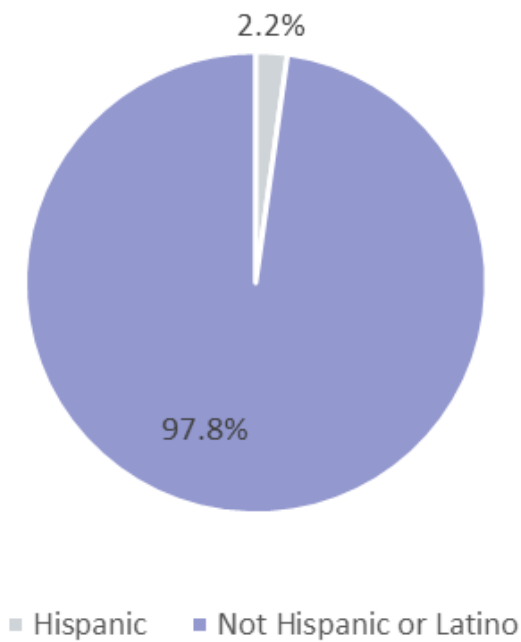
- Most of the respondents (90.9%) own their own home, much more than the overall report. The average number of adults in the home was 1.8 while the average number of children was 0.5. The majority of respondents did not have any children in their home (75.2%), while 10.7% had children between the ages of 12 and 18 in the home and 9.9% had children between the ages of 5 and 11 in the home. The proportion of children living in the home of James City County respondents was lower than the overall report.
- Most of the survey population reported having insurance, with 41.7% reporting private insurance, 48.8% Medicare, 6.6% Military (Tricare / VA Benefits). The remaining responses included Medicaid (1.8%), Indian Health Services (0.05%), and uninsured / self pay (1.1%). The proportion of James City County respondents on Medicare was much greater than the overall report.
- Most respondents were White (92.4%); other respondents self-reported as Black (3.4%) or Multi-racial (1.6%). 1.1% were Asian / Native Hawaiian / Other Pacific Islander and 0.3% were American Indian / Alaska Native with an additional (1.1%) accounting for some other race. The James City County respondents were much less diverse than the overall report.

James City County Responses by Race

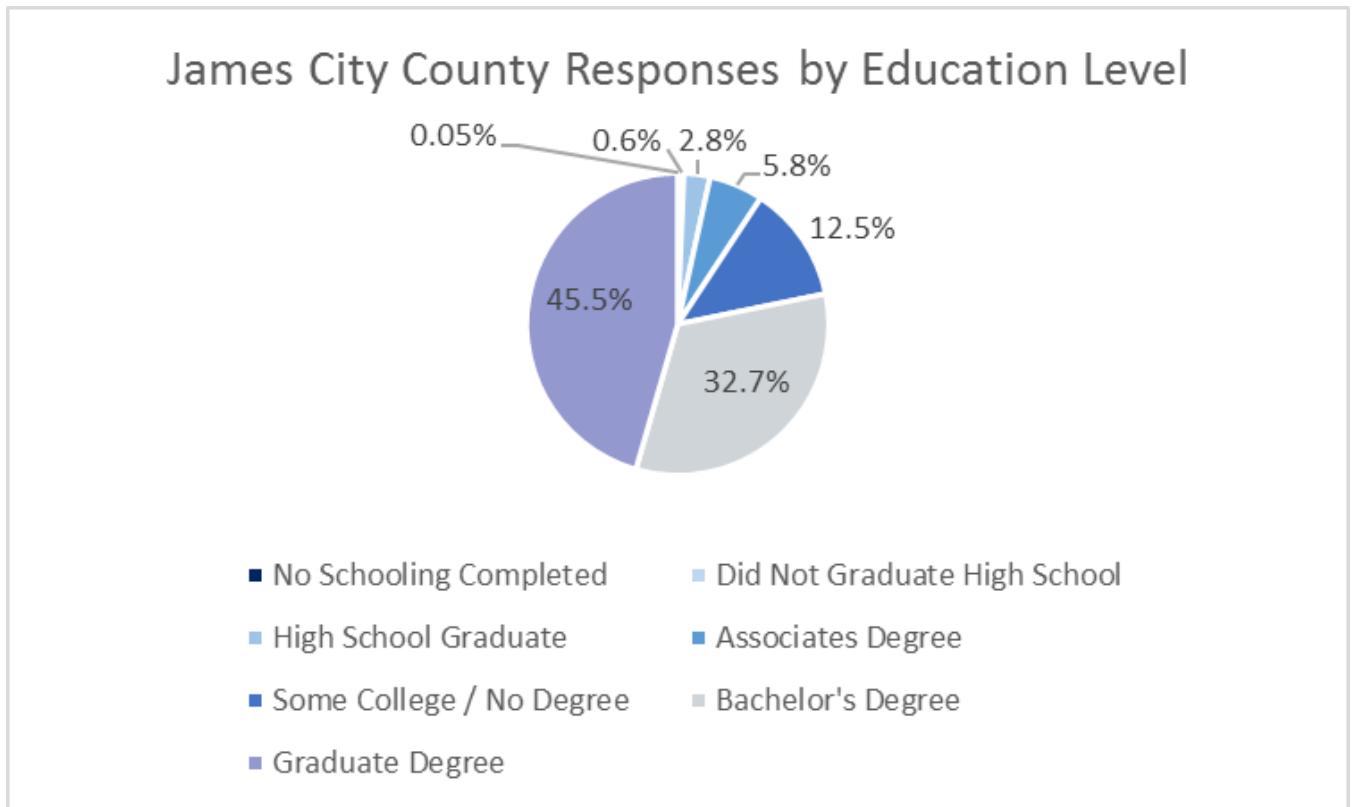


- The majority of respondents were not Hispanic or Latino (97.8%), slightly higher than the overall report.

James City County Responses by Ethnicity



- The majority of respondents self-reported a high school education or higher, with 45.5% obtaining a graduate degree, 32.7% having a Bachelor's degree, 5.8% having an Associate's degree, 12.5% having some college and 2.8% having a high school diploma / GED. 0.6% of respondents did not graduate high school. 0.05% had no schooling completed. The James City County respondents were more educated than the overall report.



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.9%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (80.5%) or dependents of someone who serves in the U.S. Armed Forces (93.9%).
- The primary language(s) spoken in the respondents' home was English (99.6%). There were 21 languages listed, with Spanish (0.9%) and German (0.5%), being the second and third most common, respectively.

Appendix III. Newport News Data

The following data presented below come specifically from respondents who self-identified as living or working in the Newport News community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 574 of the respondents were professional stakeholders while 2,698 were community stakeholders.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 60*, a wide range of concerns were identified on both surveys. Both professionals and community members identified the same top health concern among adults (18+): behavioral / mental health. Additionally, professionals viewed alcohol / substance abuse and violence in the home as more threatening to adults (18+) in the Newport News community, while community members cited COVID-19 and violence in the community as a main concern.

Exhibit 60. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		44.6
Alzheimer's Disease / Dementia		22.6
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		77.8
Cancer		14.2
COVID-19		31.6
Diabetes		29.7
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		16.7
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		8.5
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		9.9
Violence – Sexual and / or Domestic		35.1
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		26.9
Total Number of Responses		424

Similarly, community members and professionals shared the same concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health, violence in the community, and violence in the home as the greatest concerns in the Newport News community. Additionally, there was the same percentage of responses by community members for COVID-19, violence in the home, and violence in the community. See *Exhibit 61* for results of the top eleven health concerns.

Exhibit 61. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders. As community stakeholders placed equal importance on COVID-19, violence in the home, and violence in the community, four barriers have been shaded in blue from the community survey.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		26.4
Alzheimer's Disease / Dementia		2.4
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		69.1
Cancer		6.1
COVID-19		23.8
Diabetes		8.0
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		4.0
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		6.4
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		23.8
Violence – Sexual and / or Domestic		51.4
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		34.7
Total Number of Responses		424
		2037

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Community members and professionals saw the same issues as important among adults (18+): availability of services / wait list for services, costs of care, and health insurance (see *Exhibit 62*).

Exhibit 62. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		56.9
Childcare		23.6
Challenges Accessing Healthcare Services		29.9
Costs of Care		51.7
COVID-19 Limitations on In-Person Appointments		12.9
Don't Have the Technology to Utilize Telehealth Options		17.8
Health Insurance		36.2
Language Barrier		7.9
Location of Services		9.7
Unable to Get Time off from Work		28.1
Transportation		37.0

Exhibit 62. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Total Number of Responses	381	1658

Availability of services / wait list for services and costs of care were ranked as significant concerns for both children and adults by professionals and community members. However, professionals viewed transportation to be a top concern, while community members viewed health insurance as a greater concern for children and teens (0-17 y/o) accessing care. See *Exhibit 63* for the full list of concerns for children and teens (0-17 yo/s) accessing care.

Exhibit 63. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		55.9
Childcare		20.2
Challenges Accessing Healthcare Services		25.5
Costs of Care		37.0
COVID-19 Limitations on In-Person Appointments		14.4
Don't Have the Technology to Utilize Telehealth Options		9.9
Health Insurance		26.2
Language Barrier		4.9
Location of Services		14.4
Unable to Get Time off from Work		7.3
Transportation		30.4
Total Number of Responses		381

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on the level of education and intellectual disabilities as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults, which is identical to the results from the overall report. See *Exhibit 64* for a list of these barriers.

Exhibit 64. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		46.4
Race		29.1
Ethnicity		23.6
Immigration Status		13.1
Language		13.1
Sex		15.0
Gender		17.1
Level of Education		21.3
Intellectual Disabilities		19.8
Physical Disabilities		30.7
Religious Beliefs		10.7
Sexual Orientation		12.4
Type of Health Insurance / Way Services are Paid For		68.7
Total Number of Responses		1139

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern identified for children and teens accessing quality care (see *Exhibit 65*). Professionals and community members also agreed that intellectual disabilities are significant barriers among children and teens. However, professionals found language to be a greater barrier, whereas community members identified race as a bigger barrier. These results are identical to those from the overall report.

Exhibit 65. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		11.2
Race		13.7
Ethnicity		10.8
Immigration Status		8.2
Language		7.0
Sex		5.3
Gender		5.4
Level of Education		8.1
Intellectual Disabilities		12.3
Physical Disabilities		10.4
Religious Beliefs		4.7
Sexual Orientation		6.1
Type of Health Insurance / Way Services are Paid For		28.0
Total Number of Responses		1139

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community health services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified healthy food access and safe and affordable housing as the top services in need of strengthening. Professional stakeholders viewed access to mental health providers in schools as an additional area in need of improvement, while community stakeholders found safe communities to be more in need of improvement. See *Exhibit 66* for the list of community services included in the 2022 CHA.

Exhibit 66. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		55.4
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)	24.1	19.5
Access to Internet and Technology	11.7	16.4
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)	23.1	8.3
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)	12.1	21.7
Affordable Childcare	33.2	24.0
Employment Opportunities / Workforce Development	25.1	16.8
Environment (Air and Water Quality)	7.5	25.6
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)	40.1	32.2
Public Safety Services (Police, Fire, EMT)	14.9	24.2
Quality of Education (Pre K - 12)	26.7	27.9
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)	23.8	33.5
Safe and Affordable Housing	38.4	32.7
Total Number of Responses	307	2037

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our professionals and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 67*. Professionals and community members both viewed health screenings and annual checkups to be of greatest importance to one's health. However, professional stakeholders viewed awareness and understanding of health issues and new treatments as more important, while community stakeholders listed immunizations as an important health behavior. These results are the same as those from the overall report.

Exhibit 67. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		41.2
Annual Checkups (Physicals, Well-Child Visits)		56.5
Awareness & Understanding of Health Issues and New Treatments		28.9
Exercise		38.2
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		59.5
Healthy Eating		36.0
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		52.8
Parenting Support/Education		13.9
Relationship with Primary Care Provider or Pediatrician		34.3
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		19.2
Stress Relief Activities / Mindfulness		23.0
Total Number of Responses		2058

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 68*. As with the overall report, professionals and community members agreed on the top three important health behaviors and topics for children and teens (0-17): annual checkups, immunizations, and access to fresh food.

Exhibit 68. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		26.6
Annual Checkups (Physicals, Well-Child Visits)		33.5
Awareness & Understanding of Health Issues and New Treatments		11.6
Exercise		19.7
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		15.4
Healthy Eating		23.1
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		29.3
Parenting Support/Education		10.4
Relationship with Primary Care Provider or Pediatrician		15.7
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		12.2
Stress Relief Activities / Mindfulness		10.0

Exhibit 68. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Total Number of Responses	307	2058

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, stakeholders were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 69*. In order to highlight areas of improvement for community assistance access, *Exhibit 69* and *Exhibit 70* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. The results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively. These results are identical to those from the overall report.

Exhibit 69. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of "Yes" Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	71.4
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	98.1
Housing Crisis	38.9
Lack of Food	69.2
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	80.2
Unable to Afford Prescription Medications	49.7
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	94.5
Total Number of Responses	308

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of "yes" responses to each service are shown in *Exhibit 70*. As with the overall report, community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively.

Exhibit 70. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of "Yes" Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)

Exhibit 70. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Addiction to Alcohol, Gambling, Narcotics, etc.	54.3	38.4
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	94.4	91.9
Housing Crisis	29.4	25.9
Lack of Food	60.7	54.3
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	57.2	49.5
Unable to Afford Prescription Medications	27.8	23.8
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	91.3	88.9
Total Number of Responses	2014	1998

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 71* displays these results. Professionals most commonly felt Very Satisfied by their organization's dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community's progress toward DEI, followed by Satisfied.

Exhibit 71. Diversity, Equity, and Inclusion in Organizations and the Community			
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.			
DEI ranks presented as a percentage (%).			
Rank	Percentage of Responses	Professional Stakeholders and their Organizations (%)	Community Stakeholders and their Communities (%)
Very Satisfied		39.2	8.9
Satisfied		35.7	26.8
Neither Satisfied nor Dissatisfied		19.5	46.8
Dissatisfied		4.9	14.1
Very Dissatisfied		0.8	3.4
Total Number of Responses		370	1801

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 72*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, the state / local government, and local health system websites, respectively.

Exhibit 72. Community Insights on Accessing Trusted Health Information	
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.	
Sources of trusted information as a percentage (%).	
Topic	Percentage of Responses Community Stakeholder Survey (%)
Church	9.7
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)	13.8
State / Local Government (Health Department, Governor, City)	53.3
Local Health System Website (Hospital, Free Clinics, etc.)	51.8
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	90.5
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	14.8
National Government (CDC, NIG, White House)	44.3
National Healthcare Sources (Such as Web MD)	27.6
Other	5.8
Total Number of Responses	1799

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 73*. Most respondents said all of the children and adults in their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine.

Exhibit 73. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Total	Percentage of Responses Adults (18+) (%)	Children and Teens (5-17) (%)
All	93.2	64.1
Some	5.0	7.2
None	1.8	28.7
Total Number of Responses	1800	498

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 74*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by maybe. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe. These results are the same from the overall report.

Exhibit 74. Planning to get the COVID-19 vaccine		
Notes: Highest response for adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	12.9	38.2
No	51.7	27.1
Maybe	35.3	34.8
Total Number of Responses	116	207

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 75*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, and medical conditions, respectively. Being worried about the COVID-19 vaccine being harmful or having side effects and other concerns not listed were also cited as concerns for children and teens receiving the vaccine, although not knowing which vaccine is best was ranked as a greater threat than medical conditions. These results are the same as the overall report.

Exhibit 75. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Topic		
Do Not Believe in Vaccines in General	11.5	2.2
Fear of Needles	4.6	6.6
Worried it Will be Harmful or Have Side Effects	59.8	75.0
Not Knowing Which Vaccine is Best	9.2	13.2
Not Concerned About COVID-19 So Do Not Need a Shot	14.9	5.2
Not Necessary Since They Had COVID-19	19.5	12.5
Worried about Possible Costs	3.5	2.9
Unclear How to Get the Shot / Difficult Accessing	2.3	5.9
Religious Objections	14.9	8.1
Medical Condition	20.7	12.5
Other	34.5	39.7
Total Number of Responses	87	136

Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 76*. The majority of responses indicated their family's emotional health and finances had worsened as a result of the pandemic, while most reported no change in their family's physical health due to the pandemic. For emotional health and finances the second highest response was no change, while the second highest response for physical health was worse.

Exhibit 76. Pandemic effects on family

Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.

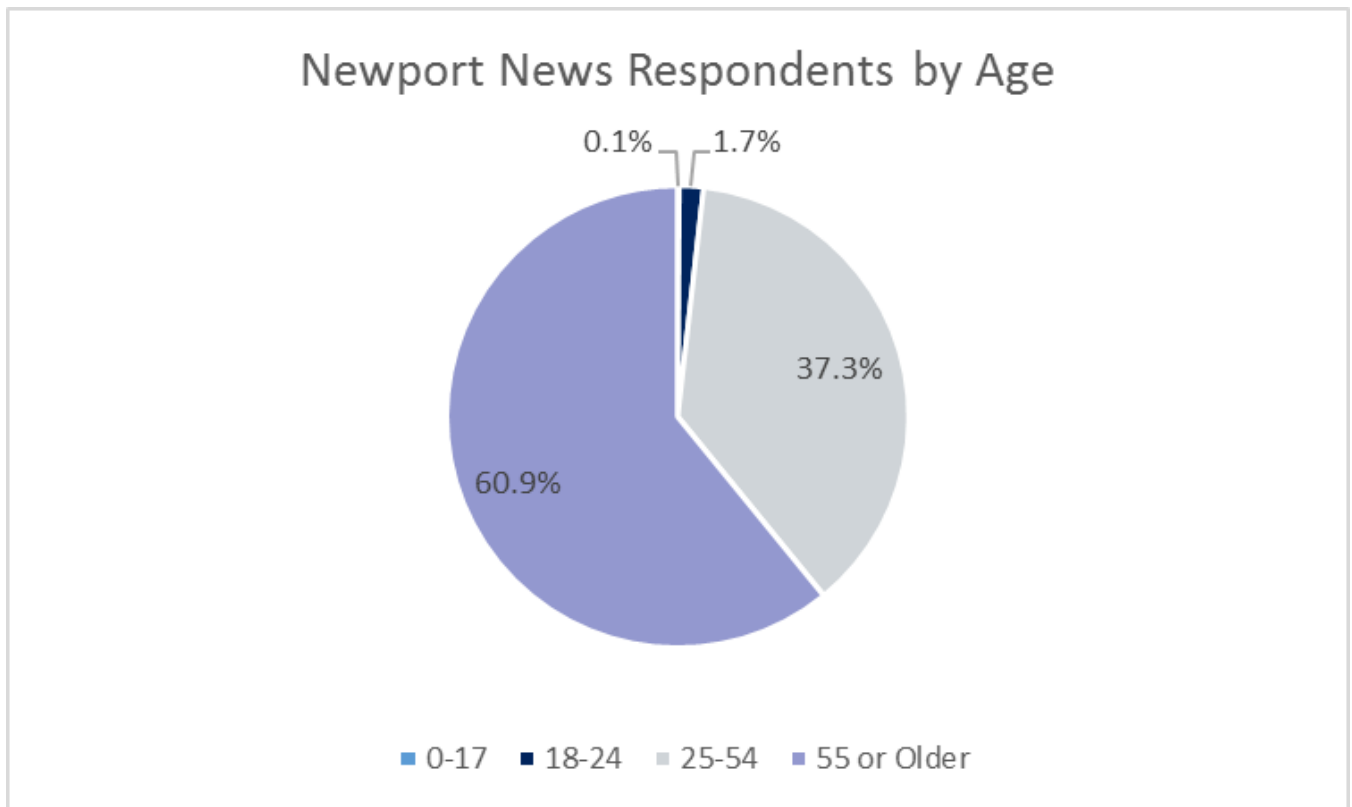
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).

Rank	Percentage of Responses	Physical Health (%)	Emotional Health (%)	Finances (%)
Better		9.6	6.9	11.7
Worse		28.7	57.4	45.7
No change		61.7	35.7	42.6
Total Number of Responses		115	115	116

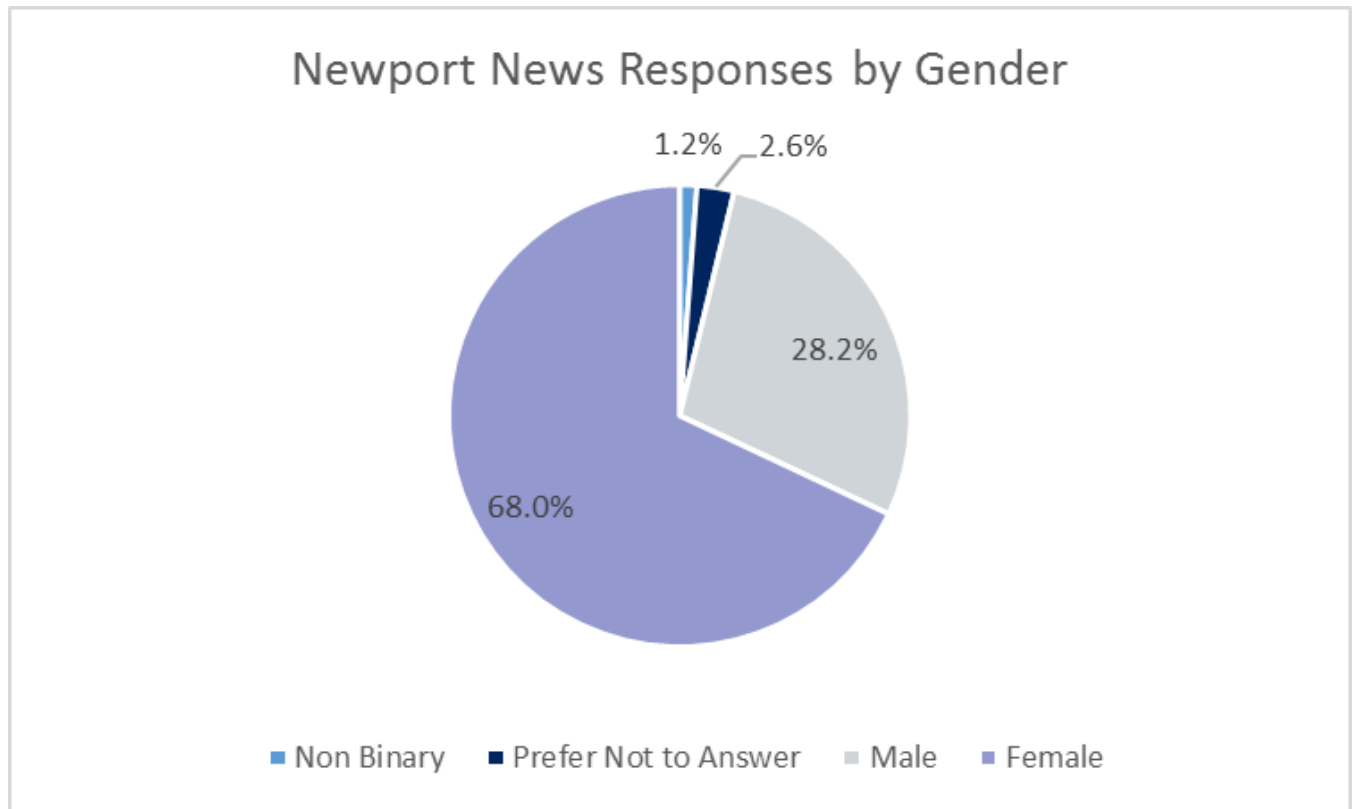
Demographic Profile of Newport News Community Health Survey Respondents:

Presented below is a demographic profile of the Newport News community resident survey respondents.

- The majority of survey respondents were adults aged 18 or older, with 0.1% age 0-17, 1.7% age 18-24, 37.3% age 25-54, and 60.9% age 55 or older. The proportion of those age 25-54 was much greater than the overall report.

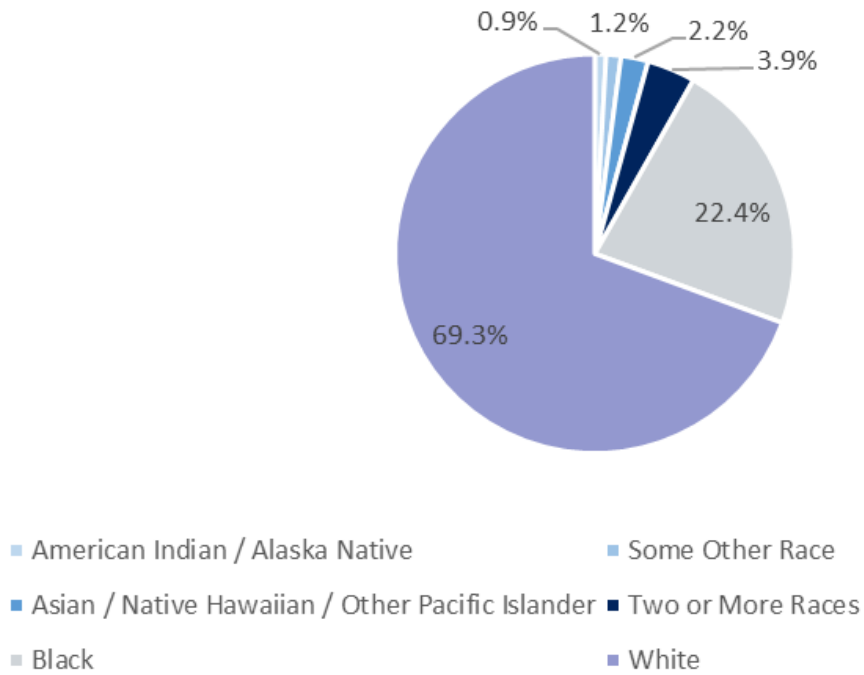


- The majority of respondents were female (68.0%), slightly higher than the overall report.



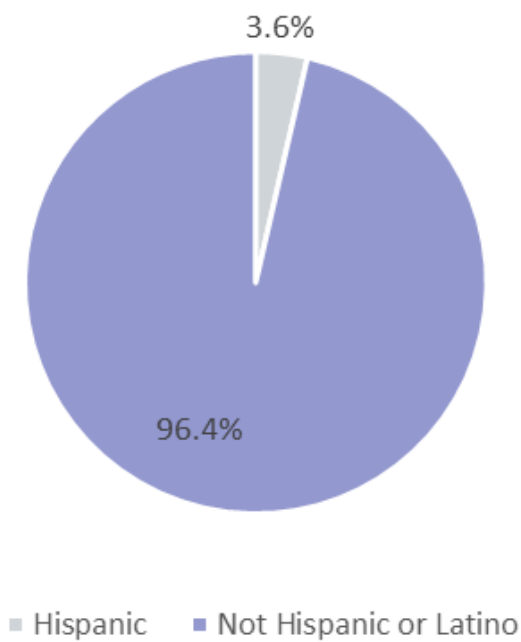
- Most of the respondents (73.5%) own their own home, which is less than the overall report. The average number of adults in the home was 1.8 while the average number of children was 0.7. The majority of respondents did not have any children in their home (66.0%), while 13.9% had children between the ages of 5 and 11 in the home and 12.9% had children between the ages of 12 and 18 in the home. This reflects that the children in the home of Newport News respondents are younger than the overall report.
- Most of the survey population reported having insurance, with 48.5% reporting private insurance, 31.6% Medicare, 9.3% Military (Tricare / VA Benefits). The remaining responses included Medicaid (8.4%) and uninsured / self pay (2.3%). No respondents had insurance from the Indian Health Services.
- Most respondents were White (69.3%); other respondents self-reported as Black (22.4%) or Multi-racial (3.9%). 2.2% were Asian / Native Hawaiian / Other Pacific Islander and 0.9% were American Indian / Alaska Native with an additional (1.2%) accounting for some other race. The Newport News respondents were more diverse than the overall report.

Newport News Responses by Race

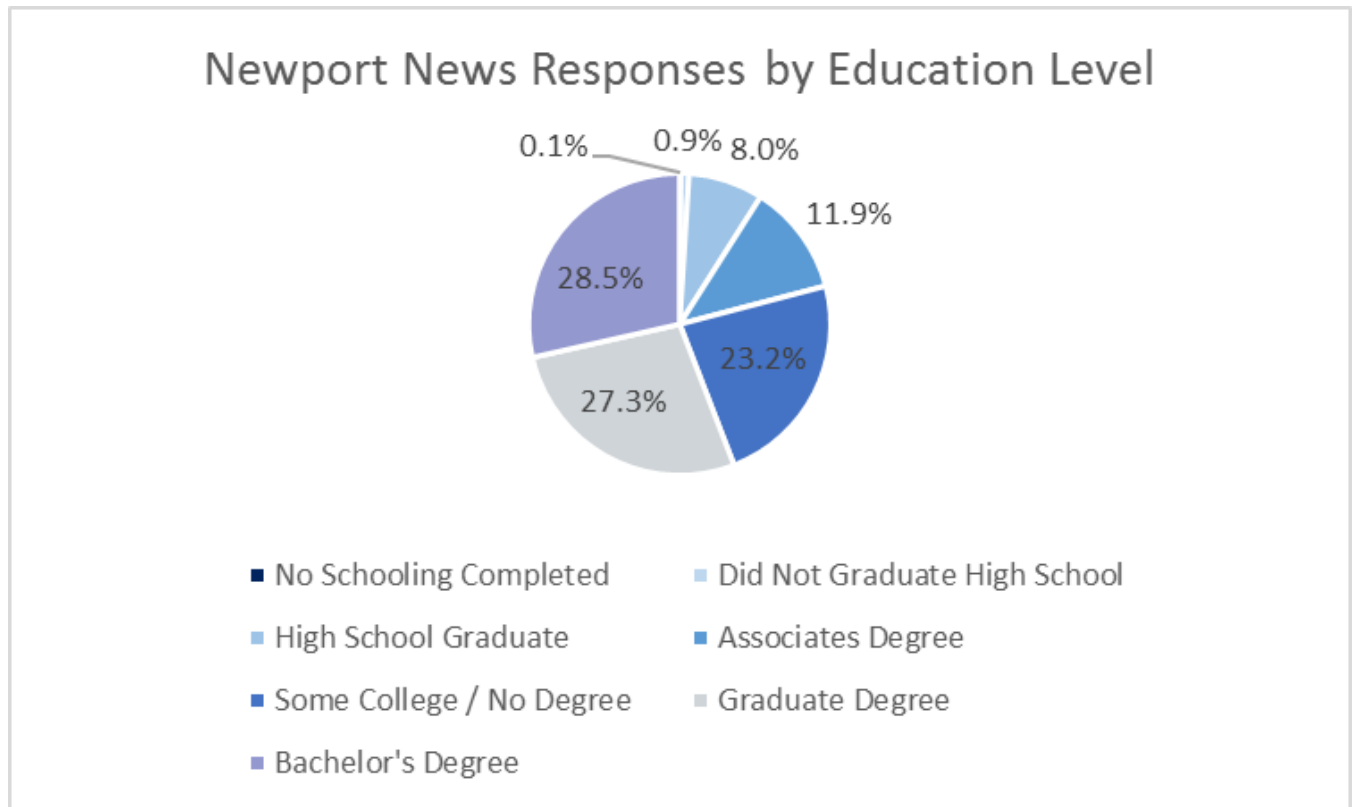


- The majority of respondents were not Hispanic or Latino (96.4%), slightly lower than the overall report.

Newport News Responses by Ethnicity



- The majority of respondents self-reported a high school education or higher, with 27.3% obtaining a graduate degree, 28.5% having a Bachelor's degree, 11.9% having an Associate's degree, 23.2% having some college and 8.0% having a high school diploma / GED. 0.9% of respondents did not graduate high school. 0.1% had no schooling completed. The Newport News respondents were slightly less educated than the overall report.



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.7%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (83.4%) or dependents of someone who serves in the U.S. Armed Forces (91.6%).
- The primary language(s) spoken in the respondents' home was English (98.9%). There were 21 languages listed, with Spanish (1.8%) and German (0.6%), being the second and third most common, respectively.

Appendix IV. Poquoson Data

The following data presented below come specifically from respondents who self-identified as living or working in the Poquoson community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 236 of the respondents were professional stakeholders while 347 were community stakeholders.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 77*, a wide range of concerns were identified on both surveys. Professionals and community members agreed that behavioral / mental health and alcohol / substance abuse are major threats to the health of their community. However, professionals viewed COVID-19 as more threatening to adults (18+) in the Poquoson community, while community members cited Alzheimer's Disease / dementia as a main concern.

Exhibit 77. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		44.3
Alzheimer's Disease / Dementia		21.1
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		75.1
Cancer		14.6
COVID-19		35.1
Diabetes		25.4
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		16.8
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		8.6
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		5.9
Violence – Sexual and / or Domestic		33.5
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		23.8
Total Number of Responses		185
		253

Similarly, community members and professionals shared the same concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and violence in the home as major concerns in the Poquoson community. Professionals viewed violence in the community as a top threat, while community members listed alcohol / substance abuse as a major concern. See *Exhibit 78* for results of the top eleven health concerns.

Exhibit 78. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
		Community Stakeholder Survey (%)

Exhibit 78. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)	28.6	37.2
Alzheimer's Disease / Dementia	1.1	1.6
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)	72.9	62.1
Cancer	8.1	9.9
COVID-19	29.2	28.1
Diabetes	7.0	12.3
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)	3.2	3.9
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	8.1	2.8
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	16.8	18.2
Violence – Sexual and / or Domestic	50.8	28.5
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)	32.4	11.9
Total Number of Responses	185	253

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals saw the same two issues as important among adults (18+): availability of services / wait list for services and costs of care (see *Exhibit 79*). However, professionals viewed transportation to be a greater barrier to adults accessing care, while community members cited health insurance as a significant barrier.

Exhibit 79. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	
	Professional Stakeholder Survey (%)	Community Stakeholder Survey (%)
Availability of Services / Wait List for Services	62.1	61.6
Childcare	17.8	11.1
Challenges Accessing Healthcare Services	30.8	28.8
Costs of Care	49.1	57.1
COVID-19 Limitations on In-Person Appointments	11.2	30.8
Don't Have the Technology to Utilize Telehealth Options	17.8	9.1
Health Insurance	37.3	34.8
Language Barrier	6.5	3.0
Location of Services	11.8	23.7
Unable to Get Time off from Work	20.1	24.7
Transportation	40.2	10.1
Total Number of Responses	169	198

The results from barriers to children and teens (0-17 y/o) accessing care were the same as those for adults: availability of services / wait list for services and costs of care (see *Exhibit 80*). Similarly, professionals cited transportation as another barrier, while community members viewed health insurance as a major barrier to accessing care.

Exhibit 80. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		66.9
Childcare		15.9
Challenges Accessing Healthcare Services		26.6
Costs of Care		34.3
COVID-19 Limitations on In-Person Appointments		14.2
Don't Have the Technology to Utilize Telehealth Options		8.9
Health Insurance		24.3
Language Barrier		4.7
Location of Services		15.4
Unable to Get Time off from Work		5.3
Transportation		31.4
Total Number of Responses		169

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on intellectual disabilities and language as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults. See *Exhibit 81* for a list of these barriers.

Exhibit 81. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		33.1
Race		36.4
Ethnicity		28.5
Immigration Status		34.4
Language		43.7
Sex		6.6
Gender		11.3
Level of Education		43.0
Intellectual Disabilities		44.4
Physical Disabilities		35.8
Religious Beliefs		7.9

Exhibit 81. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Sexual Orientation	14.6	8.8
Type of Health Insurance / Way Services are Paid For	81.5	66.4
Total Number of Responses	151	113

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern identified for children and teens accessing quality care (see *Exhibit 82*). Professionals and community members also agreed that intellectual disabilities are significant barriers among children and teens. However, professionals found language to be a greater barrier, whereas community members identified physical disabilities as a bigger barrier.

Exhibit 82. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care			
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.			
Barriers to quality of care presented as a percentage (%).			
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)	Community Stakeholder Survey (%)
Age		16.6	5.3
Race		29.1	6.2
Ethnicity		25.2	4.4
Immigration Status		28.5	6.2
Language		30.5	3.5
Sex		5.3	1.8
Gender		7.9	2.7
Level of Education		21.9	6.2
Intellectual Disabilities		32.5	13.3
Physical Disabilities		22.5	9.7
Religious Beliefs		6.6	2.7
Sexual Orientation		11.9	3.5
Type of Health Insurance / Way Services are Paid For		54.3	30.9
Total Number of Responses		151	113

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community health services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified access to mental health providers in schools (Pre-K - 12) and healthy food access as the top services in need of strengthening. Professionals viewed safe and affordable housing as an additional area in need of improvement, while community members found safe communities to be more in need of improvement. See *Exhibit 83* for the list of community services included in the 2022 CHA.

Exhibit 83. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		53.9
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)		21.7
Access to Internet and Technology		8.7
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)		20.9
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)		18.3
Affordable Childcare		30.4
Employment Opportunities / Workforce Development		19.1
Environment (Air and Water Quality)		10.4
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)		45.2
Public Safety Services (Police, Fire, EMT)		15.7
Quality of Education (Pre K - 12)		23.5
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)		24.4
Safe and Affordable Housing		38.3
Total Number of Responses		115
		251

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our professionals and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 84*. Professionals and community members both viewed health screenings and annual checkups to be of greatest importance to one's health. However, professionals viewed awareness and understanding of health issues and new treatments as more important, while community members listed immunizations as an important health behavior. These results are the same from the overall report.

Exhibit 84. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		26.9
Annual Checkups (Physicals, Well-Child Visits)		47.8
Awareness & Understanding of Health Issues and New Treatments		32.2
Exercise		22.6
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		45.2

Exhibit 84. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Healthy Eating	30.4	32.7
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)	34.8	56.7
Parenting Support/Education	18.3	11.0
Relationship with Primary Care Provider or Pediatrician	28.7	33.5
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	24.3	16.5
Stress Relief Activities / Mindfulness	24.3	13.4
Total Number of Responses	115	254

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 85*. Professionals and community members agreed on the top three important health behaviors and topics for children and teens (0-17): annual checkups, immunizations, and access to fresh food. Once again, these results are the same as the overall report.

Exhibit 85. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		22.8
Annual Checkups (Physicals, Well-Child Visits)		36.2
Awareness & Understanding of Health Issues and New Treatments		7.9
Exercise		20.9
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		15.4
Healthy Eating		22.0
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		30.7
Parenting Support/Education		7.5
Relationship with Primary Care Provider or Pediatrician		15.7
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		9.8
Stress Relief Activities / Mindfulness		5.9
Total Number of Responses	115	254

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, professionals were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 86*. In order to

highlight areas of improvement for community assistance access, *Exhibit 86* and *Exhibit 87* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. The results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, mental health crises, and lack of food. These last two items had the same number of responses. It is interesting to note that all professionals surveyed in the Poquoson region knew where to access help during an emergency medical situation (100.0%).

Exhibit 86. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom four sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of “Yes” Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	73.9
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	100.0
Housing Crisis	46.1
Lack of Food	81.7
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	81.7
Unable to Afford Prescription Medications	55.7
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	97.4
Total Number of Responses	115

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of “yes” responses to each service are shown in *Exhibit 87*. As with the overall report, community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively.

Exhibit 87. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)
Addiction to Alcohol, Gambling, Narcotics, etc.	56.8	42.5
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	97.2	97.9
Housing Crisis	30.4	25.9
Lack of Food	64.4	59.9
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	56.0	53.0
Unable to Afford Prescription Medications	29.2	23.1
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	93.6	93.9
Total Number of Responses	250	247

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how

individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 88* displays these results. Professionals most commonly felt Very Satisfied by their organization's dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community's progress toward DEI, followed by Satisfied.

Exhibit 88. Diversity, Equity, and Inclusion in Organizations and the Community			
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.			
DEI ranks presented as a percentage (%).			
Rank	Percentage of Responses	Professional Stakeholders and their Organizations (%)	Community Stakeholders and their Communities (%)
Very Satisfied		38.3	13.4
Satisfied		36.4	23.5
Neither Satisfied nor Dissatisfied		18.5	40.1
Dissatisfied		6.2	16.6
Very Dissatisfied		0.6	6.5
Total Number of Responses		162	217

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 89*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, local health system websites, and the state / local government, respectively. These results are the same as the overall report.

Exhibit 89. Community Insights on Accessing Trusted Health Information		
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.		
Sources of trusted information as a percentage (%).		
Topic	Percentage of Responses	Community Stakeholder Survey (%)
Church		4.1
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)		10.6
State / Local Government (Health Department, Governor, City)		45.9
Local Health System Website (Hospital, Free Clinics, etc.)		50.9
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)		93.1
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)		12.4
National Government (CDC, NIG, White House)		40.8
National Healthcare Sources (Such as Web MD)		29.8
Other		5.5
Total Number of Responses		218

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 90*. Most respondents said all of the eligible children and adults in their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine.

Exhibit 90. Received COVID-19 vaccine		
Notes: Greatest proportion of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Total	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
All	93.5	70.0
Some	5.1	1.4
None	1.4	28.6
Total Number of Responses	215	70

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 91*. This data indicated that the majority of respondents might have the children and/or teens (5-17) in their household receive the COVID-19, followed by not planning on having them vaccinated. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe.

Exhibit 91. Planning to get the COVID-19 vaccine		
Notes: Highest response for adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Total	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
Yes	0.0	13.6
No	84.6	40.9
Maybe	15.4	45.5
Total Number of Responses	13	22

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 92*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, believing the vaccine is not necessary since they had COVID-19, not being concerned about COVID-19 and thus not needing the vaccine, and medical conditions. Being worried the vaccine will be harmful or have side effects had the same number of responses as other concerns not listed. Likewise, not being concerned about COVID-19, believing the vaccine to be unnecessary as they have had COVID-19, and medical conditions had the percentage of responses. Being worried about the COVID-19 vaccine being harmful or having side effects, other concerns not listed, believing the vaccine is not necessary since they had COVID-19, and not being concerned about COVID-19 and thus not needing the vaccine were the most common concerns cited for children and teens (5-17 y/o). Both not being concerned about COVID-19 and believing the vaccine to be unnecessary as they had COVID-19 had the same number of responses.

Exhibit 92. Concerns about the COVID-19 vaccine		
Notes: Top four concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue. As community members cited not being concerned about COVID-19, believing the vaccine to be unnecessary as they had COVID-19, and having a medical condition as equal concerns for adults receiving the COVID-19 vaccine, five concerns have been shaded in blue for adults.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Topic	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
Do Not Believe in Vaccines in General	0.0	0.0
Fear of Needles	10.0	12.5
Worried it Will be Harmful or Have Side Effects	80.0	100.0
Not Knowing Which Vaccine is Best	0.0	12.5
Not Concerned About COVID-19 So Do Not Need a Shot	20.0	18.8
Not Necessary Since They Had COVID-19	20.0	18.8
Worried about Possible Costs	0.0	0.0
Unclear How to Get the Shot / Difficult Accessing	0.0	0.0
Religious Objections	0.0	0.0
Medical Condition	20.0	12.50
Other	80.0	62.5
Total Number of Responses	10	16

Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 93*. The majority of responses indicated their family's emotional health had worsened as a result of the pandemic, while most reported no change in their family's physical health or finances due to the pandemic. For emotional health, there were the same number of responses for better and no change. For physical health and finances, the second highest response was worse.

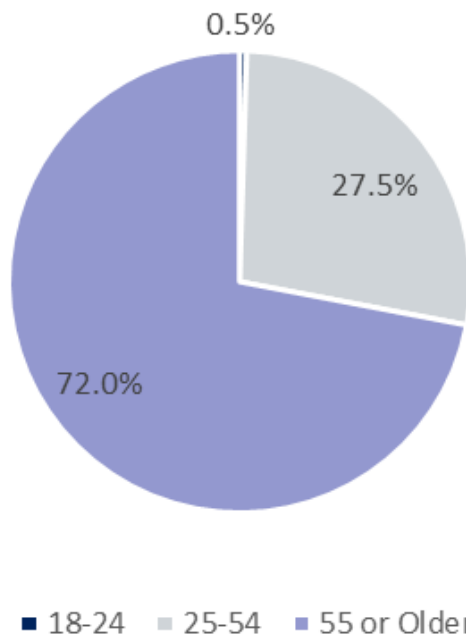
Exhibit 93. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Percentage of Responses	Physical Health (%)	Emotional Health (%)
Better		0.0	7.7
Worse		30.8	84.6
No change		69.2	7.7
Total Number of Responses		13	13

Demographic Profile of Poquoson Community Health Survey Respondents:

Presented below is a demographic profile of the Poquoson community resident survey respondents.

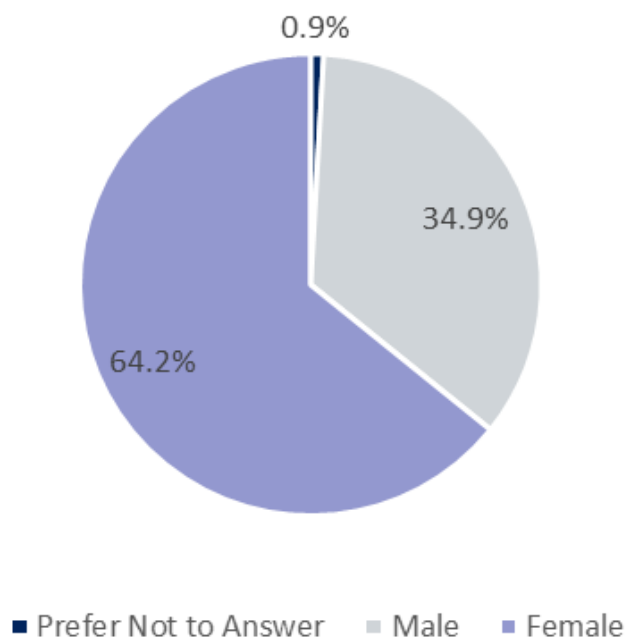
- The majority of survey respondents were adults aged 18 or older, with no respondents age 0-17, 0.5% age 18-24, 27.5% age 25-54, and 72.0% age 55 or older. The Poquoson respondents were slightly older than the overall report.

Poquoson Responses by Age

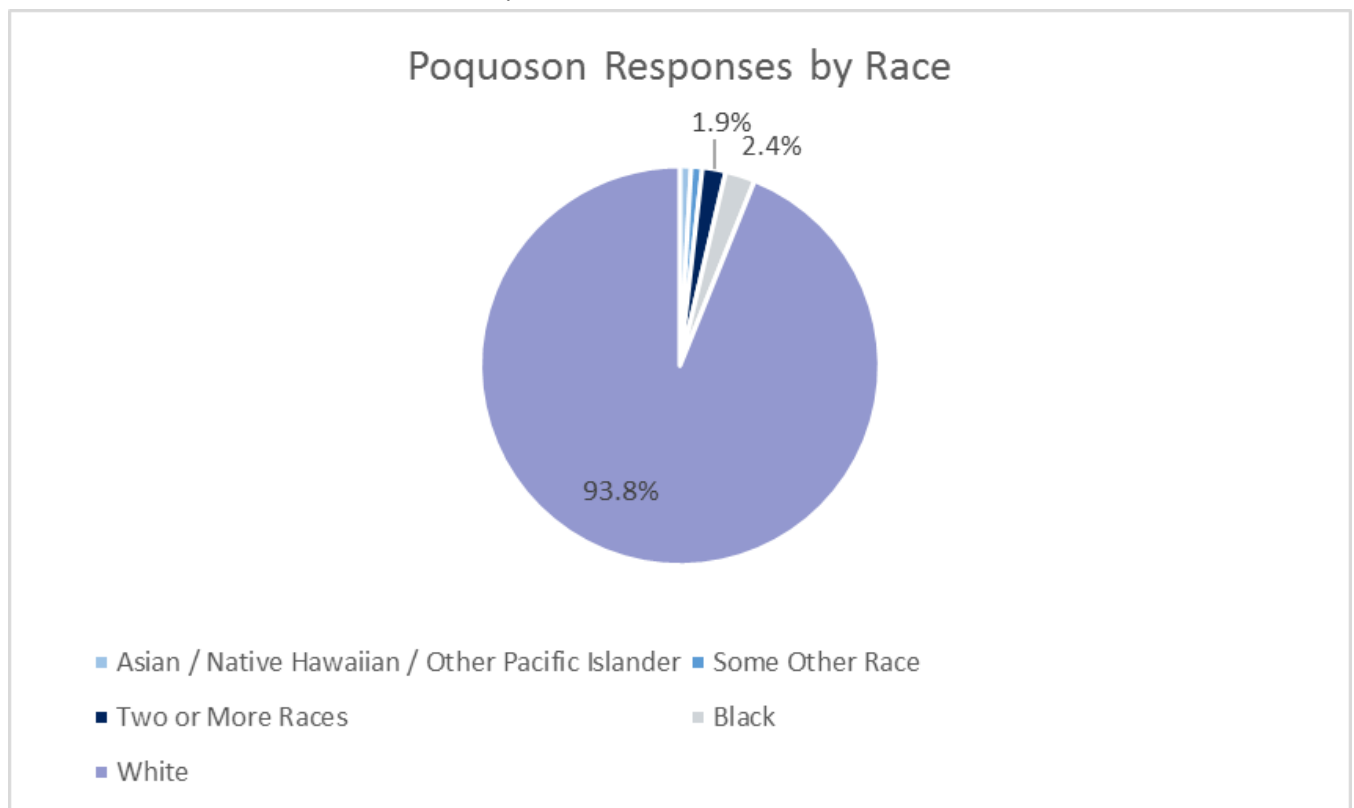


- The majority of respondents were female (64.2%), slightly less than the overall report.

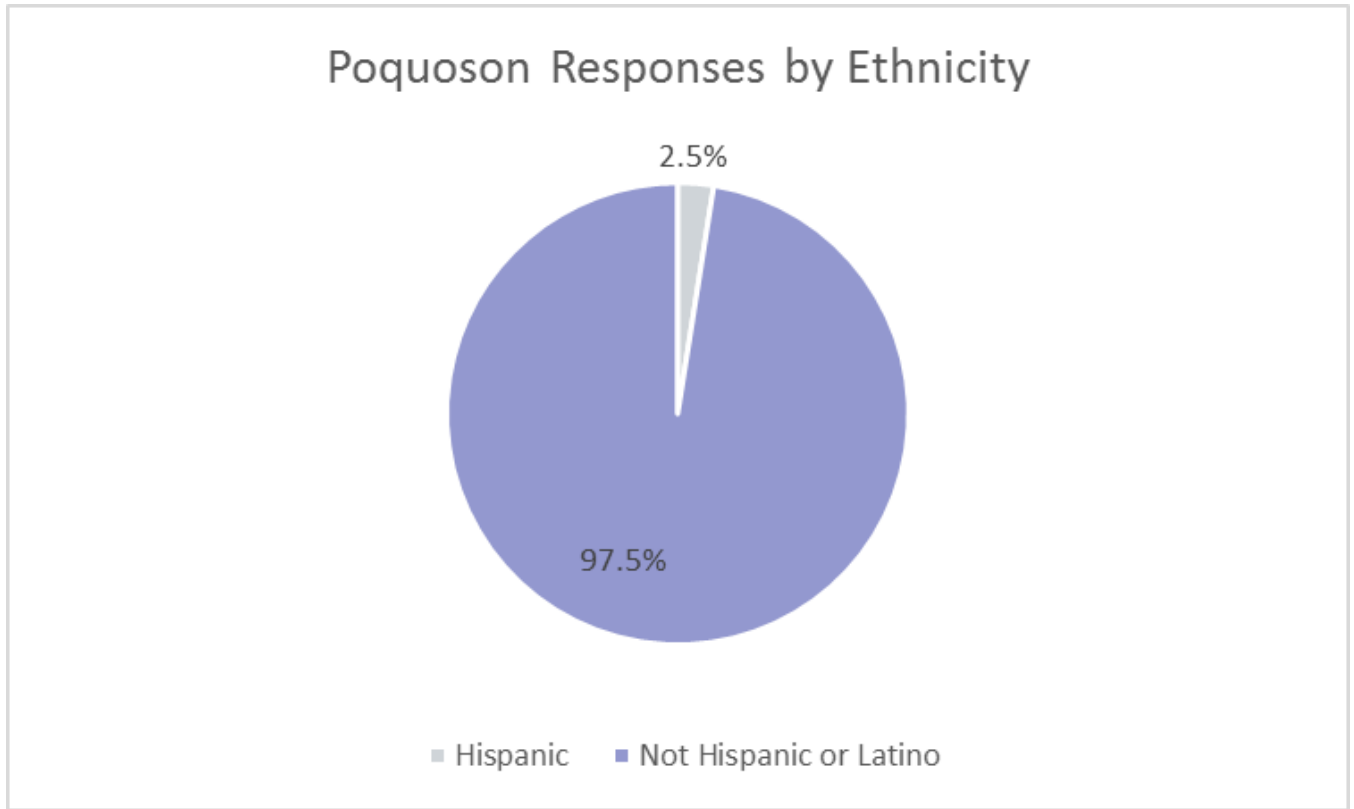
Poquoson Responses by Gender



- Most of the respondents (87.9%) own their own home, which is greater than the overall report. The average number of adults in the home was 1.8 while the average number of children was 0.8. The majority of respondents did not have any children in their home (63.5%), while 18.3% had children between the ages of 12 and 18 in the home and 16.8% had children between the ages of 5 and 11 in the home. The Poquoson respondents had slightly more children than the overall report.
- Most of the survey population reported having insurance, with 43.6% reporting private insurance, 39.8% Medicare, 11.9% Military (Tricare / VA Benefits). The remaining responses included Medicaid (3.8%), and uninsured / self pay (0.9%). No Poquoson respondents were insured through the Indian Health Services.
- Most respondents were White (93.8%); other respondents self-reported as Black (2.4%) or Multi-racial (1.9%). 0.9% were Asian / Native Hawaiian / Other Pacific Islander and no respondents were American Indian / Alaska Native with an additional (0.9%) accounting for some other race. The Poquoson respondents were much less diverse than the overall report.

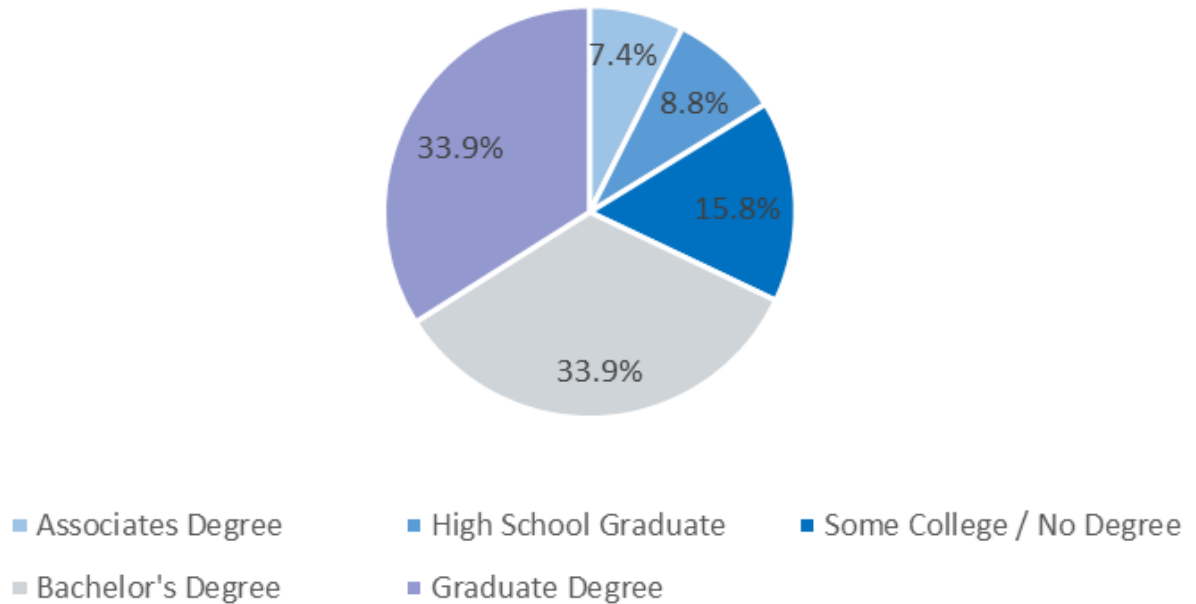


- The majority of respondents were not Hispanic or Latino (97.5%), slightly greater than the overall report.



- The majority of respondents self-reported a high school education or higher, with 33.9% obtaining a graduate degree, 33.9% having a Bachelor's degree, 7.4% having an Associate's degree, 15.8% having some college and 8.8% having a high school diploma / GED. No Poquoson respondents had no schooling completed or did not graduate high school.

Poquoson Responses by Education Level



- No Poquoson respondents were currently serving on active duty as a Reservist in the U.S. Armed Forces. Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (87.6%) or dependents of someone who serves in the U.S. Armed Forces (87.9%), somewhat lower than the overall report.
- The primary language(s) spoken in the respondents' home was English (100%). 1 respondent each reported speaking Spanish, German, Tagalog, Vietnamese, or another language (0.5%).

Appendix V. Williamsburg Data

The following data presented below come specifically from respondents who self-identified as living or working in the Williamsburg community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 421 of the respondents were professional stakeholders while 788 were community stakeholders.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 94*, a wide range of concerns were identified on both surveys. Two of the top three health concerns among adults (18+) were the same for both professional and community stakeholders: behavioral / mental health and COVID-19. Additionally, professionals viewed alcohol / substance abuse as more threatening to adults (18+) in the Williamsburg community, while community members cited Alzheimer's Disease / dementia as a main concern.

Exhibit 94. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		43.9
Alzheimer's Disease / Dementia		23.5
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		76.8
Cancer		12.8
COVID-19		35.7
Diabetes		26.2
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		15.5
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		8.8
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		7.6
Violence – Sexual and / or Domestic		32.3
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		20.4
Total Number of Responses		328

Similarly, community members and professionals shared the same concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and violence in the home as major concerns in the Williamsburg community. Professionals viewed violence in the community and COVID-19 (which received the same percentage of responses) as top concerns, while community members listed alcohol / substance abuse as a major concern. See *Exhibit 95* for results of the top eleven health concerns.

Exhibit 95. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders. As professionals placed equal concern regarding COVID-19 and violence in the community, four health concerns are shaded in blue for the professional survey.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		26.2
Alzheimer's Disease / Dementia		2.1
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		70.1
Cancer		4.6
COVID-19		28.4
Diabetes		10.9
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		3.4
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		5.2
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		18.3
Violence – Sexual and / or Domestic		49.4
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		28.4
Total Number of Responses		328
		564

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals saw the same issues as important among adults (18+): availability of services / wait list for services and costs of care (see *Exhibit 96*). However, professionals viewed transportation as a major barrier to adults accessing care, while community members placed more emphasis on health insurance.

Exhibit 96. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		59.3
Childcare		19.5
Challenges Accessing Healthcare Services		29.8
Costs of Care		48.3
COVID-19 Limitations on In-Person Appointments		12.6
Don't Have the Technology to Utilize Telehealth Options		16.9
Health Insurance		36.1
Language Barrier		8.6
Location of Services		10.6

Exhibit 96. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Unable to Get Time off from Work	25.5	18.9
Transportation	36.4	11.8
Total Number of Responses	302	456

The results from barriers to children and teens (0-17 y/o) accessing care were the same as those for adults: availability of services / wait list for services and costs of care (see *Exhibit 97*). Additionally, professionals and community members both cited health insurance as a major barrier for children and teens accessing care.

Exhibit 97. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	
	Professional Stakeholder Survey (%)	Community Stakeholder Survey (%)
Availability of Services / Wait List for Services	57.6	26.8
Childcare	19.5	15.1
Challenges Accessing Healthcare Services	25.2	12.9
Costs of Care	36.4	25.9
COVID-19 Limitations on In-Person Appointments	13.6	11.4
Don't Have the Technology to Utilize Telehealth Options	8.9	5.0
Health Insurance	26.2	17.3
Language Barrier	4.6	2.4
Location of Services	14.2	6.1
Unable to Get Time off from Work	8.3	5.7
Transportation	25.2	7.5
Total Number of Responses	302	456

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on language and the level of education as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults. See *Exhibit 98* for a list of these barriers.

Exhibit 94. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		46.8
Race		14.9
Ethnicity		10.9
Immigration Status		12.2
Language		10.6
Sex		11.9
Gender		14.2
Level of Education		13.9
Intellectual Disabilities		16.2
Physical Disabilities		22.8
Religious Beliefs		6.6
Sexual Orientation		9.2
Type of Health Insurance / Way Services are Paid For		68.9
Total Number of Responses		303

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern for children and teens accessing quality care (see *Exhibit 99*). Professionals and community members also agreed that race is a significant barrier among children and teens. However, professionals found language to be a greater barrier, whereas community members identified intellectual disabilities as a bigger barrier.

Exhibit 99. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		4.6
Race		7.3
Ethnicity		3.9
Immigration Status		5.6
Language		4.6
Sex		1.7
Gender		3.6
Level of Education		4.3
Intellectual Disabilities		7.6
Physical Disabilities		5.3
Religious Beliefs		1.3
Sexual Orientation		2.6
Type of Health Insurance / Way Services are Paid For		23.1
Total Number of Responses		303

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community health services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified safe and affordable housing as the top service in need of strengthening. Professionals viewed access to mental health providers in schools and healthy food access as additional areas in need of improvement, while community members found the environment and safe communities to be more in need of improvement. See *Exhibit 100* for the list of community services included in the 2022 CHA.

Exhibit 100. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		55.2
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)		25.0
Access to Internet and Technology		11.3
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)		22.6
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)		14.2
Affordable Childcare		33.9
Employment Opportunities / Workforce Development		22.2
Environment (Air and Water Quality)		8.9
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)		39.6
Public Safety Services (Police, Fire, EMT)		14.6
Quality of Education (Pre K - 12)		23.6
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)		22.2
Safe and Affordable Housing		40.6
Total Number of Responses		212
		560

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our professionals and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 101*. Professionals and community members agreed that health screenings, annual checkups, and immunizations, respectively, are of greatest importance to the health of adults in Williamsburg.

Exhibit 101. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		35.8
Annual Checkups (Physicals, Well-Child Visits)		47.2
Awareness & Understanding of Health Issues and New Treatments		35.8
Exercise		30.7
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		47.6
Healthy Eating		32.5
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		37.3
Parenting Support/Education		23.6
Relationship with Primary Care Provider or Pediatrician		27.8
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		24.1
Stress Relief Activities / Mindfulness		26.4
Total Number of Responses		212
		568

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 102*. Professionals and community members agreed that annual checkups and immunizations are important health behaviors for children and teens. However, professionals viewed access to fresh food as more important, while community members cited exercise as of greater importance to the health of children and teens (0-17 y/o) in Williamsburg.

Exhibit 102. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		38.7
Annual Checkups (Physicals, Well-Child Visits)		58.0
Awareness & Understanding of Health Issues and New Treatments		19.3
Exercise		30.7
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		20.8
Healthy Eating		37.3
Immunizations (Flu, T dap, Shingles, MMR, COVID-10, etc.)		38.2
Parenting Support/Education		20.3
Relationship with Primary Care Provider or Pediatrician		27.8
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		25.9

Exhibit 102. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Stress Relief Activities / Mindfulness	16.9	5.6
Total Number of Responses	212	568

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, stakeholders were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 103*. In order to highlight areas of improvement for community assistance access, *Exhibit 103* and *Exhibit 104* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. As with the overall report, the results show that professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively. These results are the identical to the overall report.

Exhibit 103. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of "Yes" Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	73.6
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	99.1
Housing Crisis	43.4
Lack of Food	73.6
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	82.1
Unable to Afford Prescription Medications	48.1
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	93.9
Total Number of Responses	212

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of "yes" responses to each service are shown in *Exhibit 104*. Community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively. These results are the same as the overall report.

Exhibit 104. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+) (%)	Children and Teens (0-18) (%)
Addiction to Alcohol, Gambling, Narcotics, etc.	48.1	34.4
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	94.2	92.5
Housing Crisis	25.8	22.4
Lack of Food	56.0	51.3
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	45.4	42.8
Unable to Afford Prescription Medications	20.2	18.6
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	92.4	92.1
Total Number of Responses	555	544

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 105* displays these results. Professionals most commonly felt Very Satisfied by their organization’s dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community’s progress toward DEI, followed by Satisfied.

Exhibit 105. Diversity, Equity, and Inclusion in Organizations and the Community		
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.		
DEI ranks presented as a percentage (%).		
Rank	Percentage of Responses	
	Professional Stakeholders and their Organizations (%)	Community Stakeholders and their Communities (%)
Very Satisfied	40.2	11.2
Satisfied	34.7	24.4
Neither Satisfied nor Dissatisfied	18.2	46.2
Dissatisfied	6.2	16.0
Very Dissatisfied	0.7	2.2
Total Number of Responses	291	500

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 106*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, local health system websites, and the state / local government, respectively. These results are in line with the responses from the overall report.

Exhibit 106. Community Insights on Accessing Trusted Health Information	
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.	
Sources of trusted information as a percentage (%).	
Topic	Percentage of Responses
Church	7.2
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)	18.1
State / Local Government (Health Department, Governor, City)	55.2
Local Health System Website (Hospital, Free Clinics, etc.)	55.7
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	92.0
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	13.6
National Government (CDC, NIG, White House)	51.1
National Healthcare Sources (Such as Web MD)	35.5
Other	6.8
Total Number of Responses	515

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 107*. Most respondents said all of the eligible children and adults in their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine.

Exhibit 107. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Total	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
All	97.0	71.8
Some	2.6	3.6
None	0.4	24.5
Total Number of Responses	503	110

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 108*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by no. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe. No respondents said the adults in their house are definitely planning to receive the COVID-19 vaccine.

Exhibit 108. Planning to get the COVID-19 vaccine		
Notes: Highest response for adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	0.0	56.8
No	66.7	29.7
Maybe	33.3	13.5
Total Number of Responses	15	37

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 109*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, medical conditions, not being concerned about COVID-19 so not needing the vaccine, not believing the vaccine is necessary as they had COVID-19, and religious objections. These last 4 items all received the same number of responses. Other concerns not listed, being worried about the COVID-19 vaccine being harmful or having side effects, not being concerned about COVID-19 so not needing the shot, and not believing the vaccine is necessary since they had COVID-19 were the most commonly cited concerns for children and teens. The latter two items received the same number of responses.

Exhibit 109. Concerns about the COVID-19 vaccine		
Notes: Top four concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue. As community members cited not being concerned about COVID-19, believing the vaccine to be unnecessary as they had COVID-19, religious objections, and having a medical condition as equal concerns for adults receiving the COVID-19 vaccine, six concerns have been shaded in blue for adults.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Topic		
Do Not Believe in Vaccines in General	0.0	0.0
Fear of Needles	11.1	11.1
Worried it Will be Harmful or Have Side Effects	77.8	61.1
Not Knowing Which Vaccine is Best	0.0	5.6
Not Concerned About COVID-19 So Do Not Need a Shot	22.2	22.2
Not Necessary Since They Had COVID-19	22.2	22.2
Worried about Possible Costs	0.0	0.0
Unclear How to Get the Shot / Difficult Accessing	0.0	5.6
Religious Objections	22.2	5.6
Medical Condition	22.2	5.6
Other	66.7	83.3
Total Number of Responses	9	18

Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 110*. The majority of responses indicated their family's emotional health had worsened as a result of the pandemic, followed by no change. Most reported no change in their family's physical

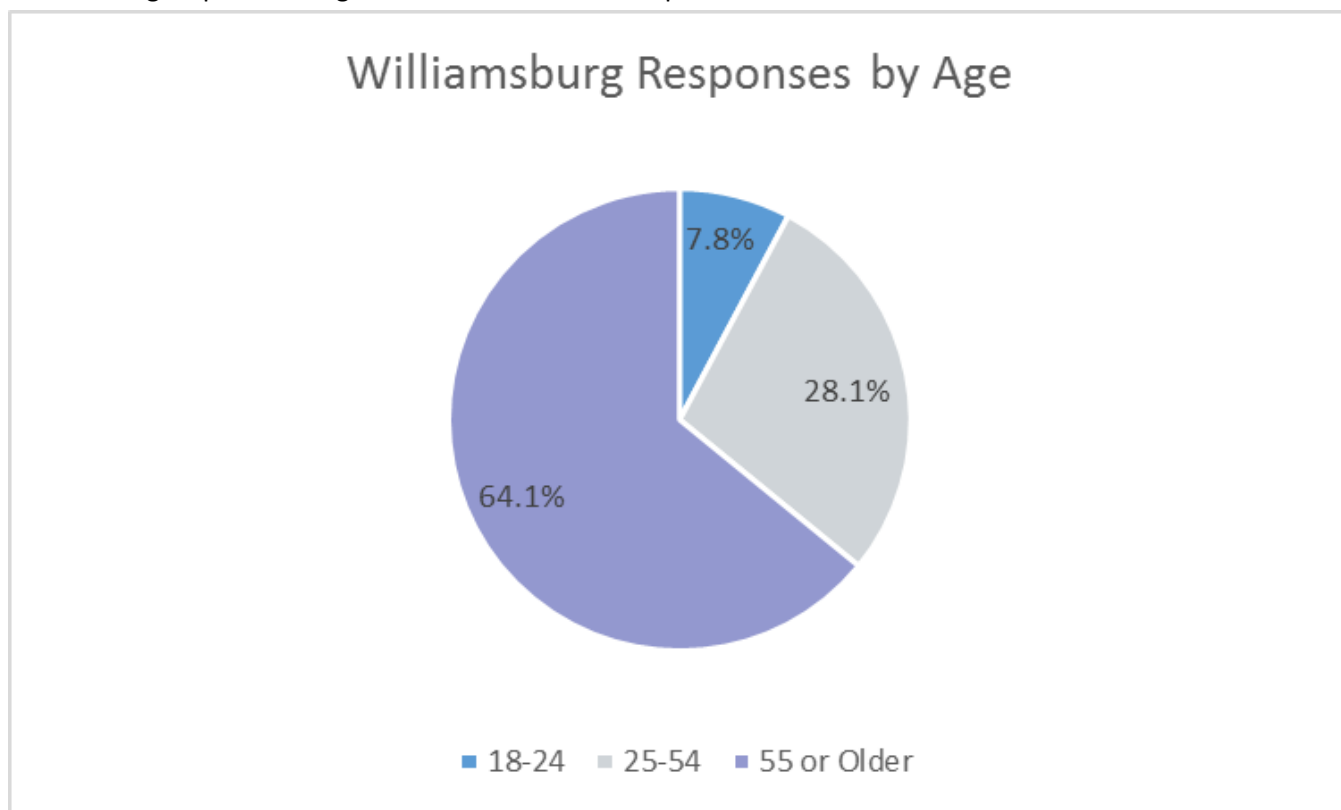
health due to the pandemic, followed by worse. There were the same number of responses for finances worsening or staying the same.

Exhibit 110. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue. As there were an equal number of responses for worsening and no changes to their family's financial health, these two options have been highlighted in blue for finances.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Percentage of Responses	Physical Health (%)	Emotional Health (%)
Better		13.3	7.1
Worse		26.7	50.0
No change		60.0	42.9
Total Number of Responses		15	15

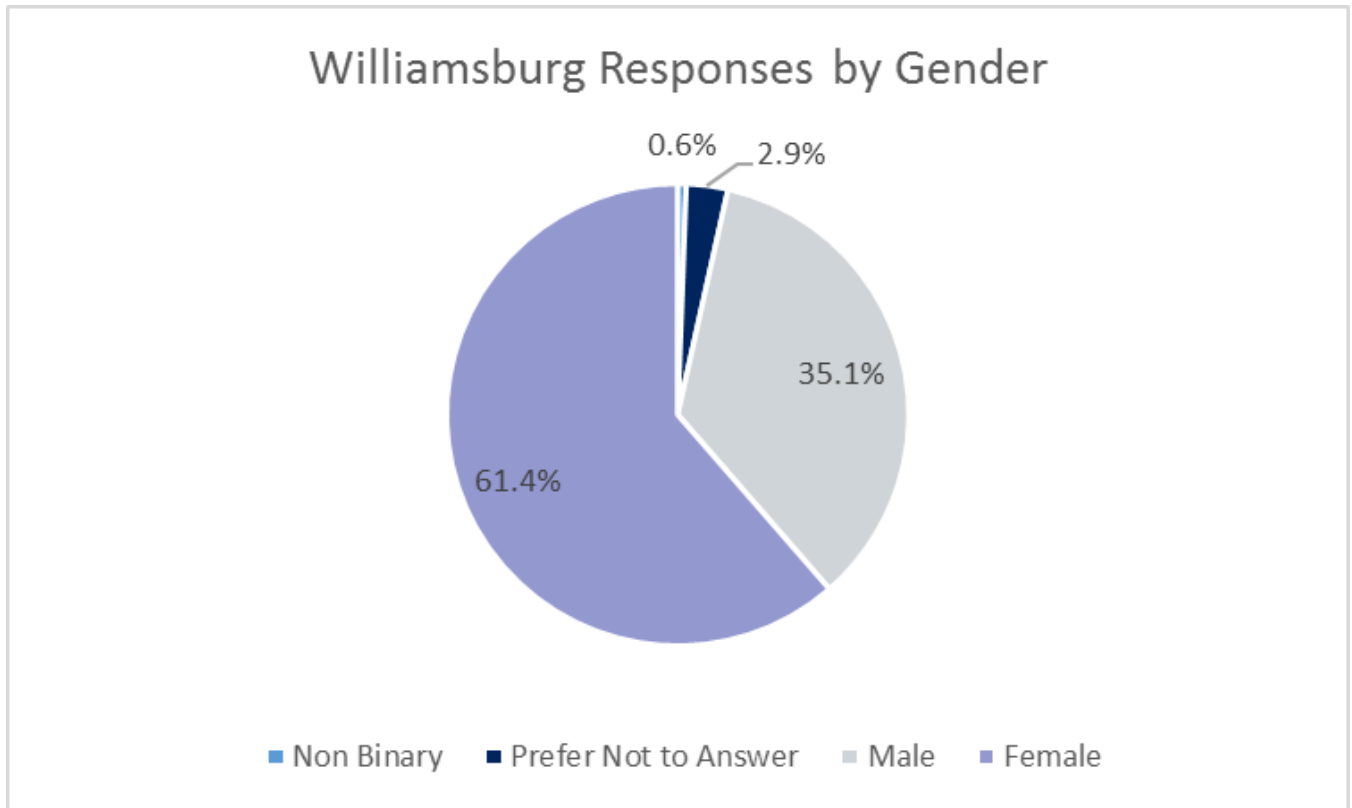
Demographic Profile of Williamsburg Community Health Survey Respondents:

Presented below is a demographic profile of the Williamsburg community resident survey respondents.

- The majority of survey respondents were adults aged 18 or older, with no Williamsburg respondents age 0-17, 7.8% age 18-24, 28.1% age 25-54, and 64.1% age 55 or older. There was a greater proportion of Williamsburg respondents age 18-24 than the overall report.

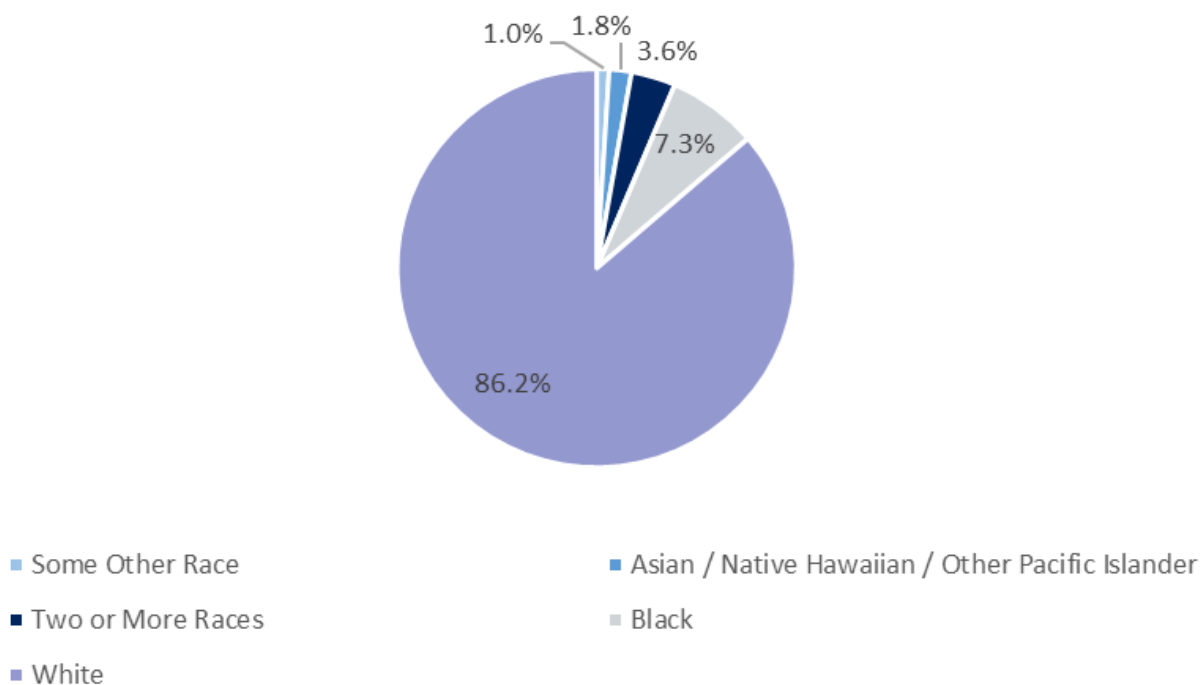


- The majority of respondents were female (61.4%), somewhat lower than the overall report.



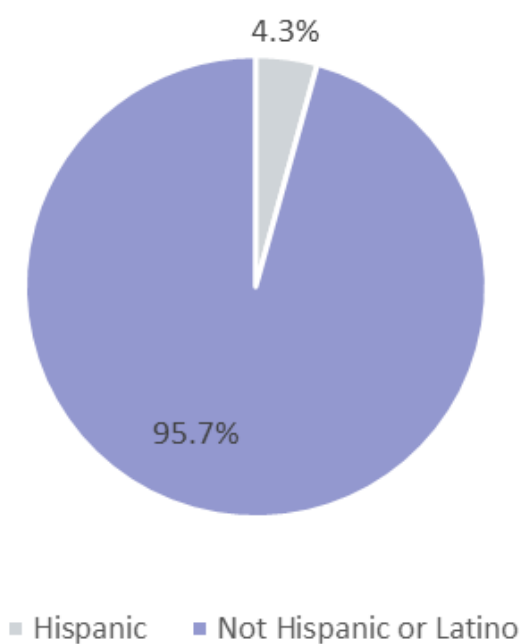
- Most of the respondents (72.7%) own their own home, less than the overall report. The average number of adults in the home was 1.8 while the average number of children was 0.6. The majority of respondents did not have any children in their home (73.9%), while 11.0% had children between the ages of 12 and 18 in the home and 10.4% had children between the ages of 5 and 11 in the home.
- Most of the survey population reported having insurance, with 43.9% reporting private insurance, 42.5% Medicare, 8.8% Military (Tricare / VA Benefits). The remaining responses included Medicaid (3.9%), Indian Health Services (0.2%), and uninsured / self pay (0.6%).
- Most respondents were White (86.2%); other respondents self-reported as Black (7.3%) or Multi-racial (3.6%). 1.8% were Asian / Native Hawaiian / Other Pacific Islander and no Williamsburg respondents were American Indian / Alaska Native with an additional (1.0%) accounting for some other race. The Williamsburg respondents were less diverse than the overall report.

Williamsburg Responses by Race

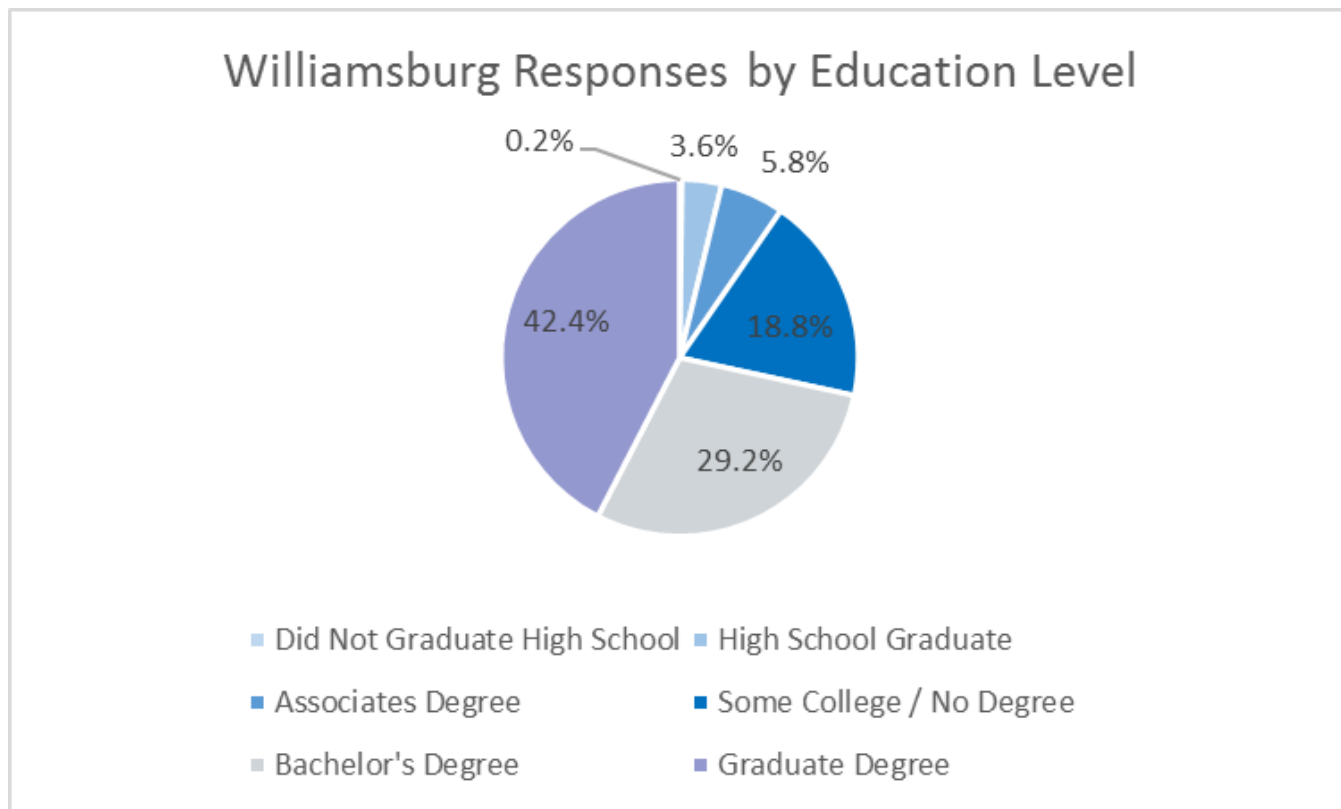


- The majority of respondents were not Hispanic or Latino (95.7%), slightly lower than the overall report.

Williamsburg Responses by Ethnicity



- The majority of respondents self-reported a high school education or higher, with 42.4% obtaining a graduate degree, 29.2% having a Bachelor's degree, 5.8% having an Associate's degree, 18.8% having some college and 3.6% having a high school diploma / GED. 0.2% of respondents did not graduate high school. No Williamsburg respondents had no schooling completed. The Williamsburg respondents were more educated than the overall report.



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.2%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (85.1%) or dependents of someone who serves in the U.S. Armed Forces (91.6%).
- The primary language(s) spoken in the respondents' home was English (99.2%). There were 21 languages listed, with Spanish (2.8%) and German (0.8%), being the second and third most common, respectively.

Appendix VI. York County Data

The following data presented below come specifically from respondents who self-identified as living or working in the York County community. For clarity, community members who answered the professional stakeholder survey, and vice versa, were excluded. 376 of the respondents were professional stakeholders while 1,799 were community stakeholders.

Community Health Concerns: We asked survey respondents to review a list of common community health issues and identify from the lists what they view as the (top three) most important health concerns in the community where they live or work. As shown in *Exhibit 111*, a wide range of concerns were identified on both surveys. Two of the top three health concerns among adults (18+) were the same for both professional and community stakeholders: behavioral / mental health and COVID-19. Additionally, professionals viewed alcohol / substance abuse as more threatening to adults (18+) in the York County community, while community members cited Alzheimer's Disease / dementia as a main concern. These results mimic those of the overall report.

Exhibit 111. Community Insights on (Adults 18+) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		44.6
Alzheimer's Disease / Dementia	23.6	37.4
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)	76.4	54.9
Cancer	13.9	32.1
COVID-19	37.2	43.3
Diabetes	24.7	20.9
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)	16.2	22.5
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)	7.8	12.2
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)	6.1	6.1
Violence – Sexual and / or Domestic	31.8	22.7
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)	20.6	27.4
Total Number of Responses	296	1341

Similarly, community members and professionals shared the same concerns about the health of our youth (age 0-17). We asked participants to list the (top three) most important health concerns for children in their community. Both professionals and community members cited behavioral / mental health and COVID-19 as major concerns in the York County community. Professionals viewed violence in the home as another top threat, while community members listed alcohol / substance abuse as a major concern. See *Exhibit 112* for results of the top eleven health concerns.

Exhibit 112. Community Insights on (Children and Teens 0-17 y/o) Health Concerns		
Notes: Top three health indicators shaded in blue for professional stakeholders and community stakeholders.		
Health indicators presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Alcohol / Substance Use (Prescription or Illegal Drugs including Opioids)		27.7
Alzheimer's Disease / Dementia		1.7
Behavioral / Mental Health (Including suicide, ADD, Anxiety, Depression, etc.)		71.9
Cancer		5.4
COVID-19		29.1
Diabetes		8.4
Heart Conditions (Heart Disease, Congestive Heart Failure, Heart Attacks, High Blood Pressure)		2.7
Neurological conditions (Stroke, Seizures, Multiple Sclerosis, Traumatic Brain Injury, etc.)		5.1
Sexual & Reproductive Health Issues (STIs, Teen Pregnancy)		17.6
Violence – Sexual and / or Domestic		48.9
Violence in the Community (Gun Injuries, Gangs, Human Trafficking, etc.)		28.7
Total Number of Responses		296

Access to Care: Given a list of issues that may affect the ability for adults and youth in the community to access care, respondents were asked to select the (top three) most important issues. Both community members and professionals saw the same two issues as important among adults (18+): availability of services / wait list for services and costs of care (see *Exhibit 113*). However, professionals placed greater emphasis on transportation, while community members cited health insurance as a greater barrier to accessing care.

Exhibit 113. Community Insights on (Adults 18+) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		61.2
Childcare		17.9
Challenges Accessing Healthcare Services		27.9
Costs of Care		48.5
COVID-19 Limitations on In-Person Appointments		13.4
Don't Have the Technology to Utilize Telehealth Options		16.4
Health Insurance		37.7
Language Barrier		5.9
Location of Services		11.2
Unable to Get Time off from Work		22.4
Transportation		39.2
Total Number of Responses		268

Professionals and community members also agreed that availability of services / wait list for services and costs of care are significant barriers to children and teens (0-17 y/o) accessing care (see *Exhibit 114*). They also agreed that health insurance is another major barrier to this population accessing care.

Exhibit 114. Community Insights on (Children and Teens 0-17 y/o) Access to Care		
Notes: Top three access to care issues shaded in blue for professional stakeholders and community stakeholders.		
Access to care issues presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Availability of Services / Wait List for Services		59.3
Childcare		17.5
Challenges Accessing Healthcare Services		23.1
Costs of Care		37.3
COVID-19 Limitations on In-Person Appointments		15.3
Don't Have the Technology to Utilize Telehealth Options		9.3
Health Insurance		26.9
Language Barrier		3.4
Location of Services		13.8
Unable to Get Time off from Work		8.2
Transportation		26.1
Total Number of Responses		268

Quality of Care: Discrimination and the role of social attitudes affect the quality of care we receive. We asked professionals and community residents to identify the top three barriers which have played a role in the treatment they received when seeking health services, though due to the subjective nature of the question, these estimates may not be generalizable to the target population. Type of insurance was commonly cited by both professionals and community members as the greatest barrier to accessing quality care. Professionals placed greater value on the level of education and language as barriers to quality care, while community members cited age and physical disabilities to be of greatest concern for adults. See *Exhibit 115* for a list of these barriers.

Exhibit 115. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age		31.3
Race		35.8
Ethnicity		24.6
Immigration Status		30.8
Language		42.1
Sex		5.8
Gender		10.8
Level of Education		42.9
Intellectual Disabilities		40.4

Exhibit 115. Community Insights on (Adults 18+) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Physical Disabilities	32.5	23.0
Religious Beliefs	7.9	4.8
Sexual Orientation	13.3	5.5
Type of Health Insurance / Way Services are Paid For	81.7	68.3
Total Number of Responses	240	660

As with adults, both professionals and community members viewed type of health insurance to be the greatest concern for children and teens accessing quality care (see *Exhibit 116*). However, professionals found language and race to be greater barriers, whereas community members identified intellectual disabilities and age as bigger barriers.

Exhibit 116. Community Insights on (Children and Teens 0-17 y/o) Barriers to Quality of Care		
Notes: Top three barriers to quality of care shaded in blue for professional stakeholders and community stakeholders.		
Barriers to quality of care presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Age	15.4	7.4
Race	30.4	6.8
Ethnicity	22.1	4.8
Immigration Status	27.5	5.8
Language	31.7	3.9
Sex	4.2	2.1
Gender	7.1	3.6
Level of Education	18.3	5.0
Intellectual Disabilities	26.7	10.5
Physical Disabilities	16.7	5.9
Religious Beliefs	5.4	1.7
Sexual Orientation	10.8	2.6
Type of Health Insurance / Way Services are Paid For	53.8	29.7
Total Number of Responses	240	660

Community Services Improvement: Good health is not just a reflection on affordable, quality healthcare. Health is impacted by a variety of factors, deemed social determinants of health, that range from quality education to safe and healthy environments. We asked respondents to identify the (top three) most important community health services that they felt needed to be strengthened in order to improve health and healthcare for both children and adults in the community. Professionals and community members identified access to mental health providers in schools (Pre-K - 12) as the top service in need of strengthening. Professionals viewed safe and affordable housing and healthy food access as areas in need of improvement, while community members found safe communities and quality of education (Pre K-12) to be more in need of improvement. See *Exhibit 117* for the list of community services included in the 2022 CHA.

Exhibit 117. Community Insights on Community Services Improvement for (Children and Teens 0-17 y/o) and (Adults 18+)		
Notes: Top three community services improvements shaded in blue for professional stakeholders and community stakeholders.		
Community services improvements presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Mental Health Providers in Schools (Pre-K - 12)		32.9
Access to Community Health Education (such as Nutrition Education, Support for Individuals who Care for those with Dementia, etc.)		20.2
Access to Internet and Technology		13.5
Access to Parenting Education and Support Programs (MOPS, Military Family Readiness, Postpartum Support Groups, etc.)		6.9
Accessible Communities (Transportation, Parks, Sidewalks, Community Spaces)		24.6
Affordable Childcare		23.9
Employment Opportunities / Workforce Development		14.6
Environment (Air and Water Quality)		28.2
Healthy Food Access (Fresh Foods, Community Gardens, Farmers' Markets, EBT, WIC)		27.0
Public Safety Services (Police, Fire, EMT)		27.9
Quality of Education (Pre K - 12)		30.6
Safe Communities (Transportation, Parks, Sidewalks, Community Spaces)		31.3
Safe and Affordable Housing		23.8
Total Number of Responses	182	1339

Important health behaviors and topics: There are a variety of factors that influence one's health, whether they are health behaviors, health services, or other related social determinants of health. We asked our professionals and community members to rank the top three items they felt were most important to adults (18+) in their communities. The full list of health topics are shown in *Exhibit 118*. Professionals and community members agreed that health screenings, annual checkups, and immunizations are of greatest importance to the health of adults in York County.

Exhibit 118. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		31.6
Annual Checkups (Physicals, Well-Child Visits)		54.9
Awareness & Understanding of Health Issues and New Treatments		22.6
Exercise		39.4
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		60.2
Healthy Eating		34.1
Immunizations (Flu, Tdap, Shingles, MMR, COVID-10, etc.)		53.4

Exhibit 118. Community Insights on (Adults 18+) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Parenting Support/Education	19.2	8.4
Relationship with Primary Care Provider or Pediatrician	25.8	29.9
Social Connections in the Community (Church, Social Clubs, Athletic Groups)	23.6	15.6
Stress Relief Activities / Mindfulness	20.3	17.0
Total Number of Responses	182	1356

Similarly, respondents were asked the same questions for children and teens, aged 0-17 years of age. The results from these responses are displayed in *Exhibit 119*. Professionals and community members agreed on the top three important health behaviors and topics for children and teens (0-17): annual checkups, immunizations, and healthy eating.

Exhibit 119. Community Insights on Children and Teens (0-17) Health Behaviors and Topics		
Notes: Top three health behaviors and topics shaded in blue for professional stakeholders and community stakeholders.		
Health behaviors and topics presented as a percentage (%).		
Topic	Percentage Identifying as a Concern	Professional Stakeholder Survey (%)
Access to Fresh Food		20.3
Annual Checkups (Physicals, Well-Child Visits)		32.4
Awareness & Understanding of Health Issues and New Treatments		8.5
Exercise		21.2
Health Screenings (mammograms, colonoscopies, vision exams, cholesterol checks, etc.)		12.7
Healthy Eating		22.2
Immunizations (Flu, Tdap, Shingles, MMR, COVID-10, etc.)		28.9
Parenting Support/Education		7.1
Relationship with Primary Care Provider or Pediatrician		13.3
Social Connections in the Community (Church, Social Clubs, Athletic Groups)		9.3
Stress Relief Activities / Mindfulness		7.9
Total Number of Responses	182	1356

Community assistance in crises: Knowing where to access health services and related social determinants of health services are vital during emergencies. Awareness of these services and where to locate them is also crucial to the VDH's goal of "becom[ing] the healthiest state in the nation." To assess the knowledge regarding emergency services, professionals were asked whether or not they knew how to help someone experiencing a variety of crises, regardless of age. The percentage of respondents answering "yes" to each of the services is displayed in *Exhibit 120*. In order to highlight areas of improvement for community assistance access, *Exhibit 120* and *Exhibit 121* highlight the three topics of which stakeholders felt they had the LEAST access knowledge. As with the overall report, the results show that

professionals had the most knowledge on identifying assistance during emergency medical situations, urgent medical situations, and mental health crises, respectively.

Exhibit 120. Professional Stakeholder Insights on Accessing Community Assistance	
Notes: Bottom three sources of community assistance shaded in blue for professional stakeholders.	
Sources of community assistance presented as a percentage (%).	
Topic	Percentage of “Yes” Responses
Addiction to Alcohol, Gambling, Narcotics, etc.	72.5
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	97.8
Housing Crisis	44.5
Lack of Food	75.8
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	81.9
Unable to Afford Prescription Medications	48.4
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	95.1
Total Number of Responses	182

Community members were asked to answer the same question for both children and teens (0-18) and adults (18+). The percentage of “yes” responses to each service are shown in *Exhibit 121*. Community members were most knowledgeable on knowing where to seek assistance for both children and teens (0-18) and adults (18+) regarding emergency medical situations, urgent medical situations, and lack of food, respectively. These results are the same as those of the overall report.

Exhibit 121. Community Stakeholder Insights on Accessing Community Assistance for Children and Teens (0-18) and Adults (18+)		
Notes: Bottom three sources of community assistance shaded in blue for community stakeholders.		
Sources of community assistance presented as a percentage (%).		
Topic	Percentage of “Yes” Responses	
	Adults (18+)	Children and Teens (0-18)
	(%)	(%)
Addiction to Alcohol, Gambling, Narcotics, etc.	56.6	41.1
Emergency Medical Situation (Chest Pain, Shortness of Breath, Slurred Speech, Head Injury)	96.0	94.4
Housing Crisis	29.5	25.7
Lack of Food	62.1	55.8
Mental Health Crisis (Suicidal Thoughts or Threatening to Harm Others)	57.6	48.9
Unable to Afford Prescription Medications	24.3	22.9
Urgent Medical Situation (Broken Bone, Cut that Needs Stitches)	94.5	93.1
Total Number of Responses	1334	1325

Diversity, Equity, and Inclusion in Organizations and the Community: As our region is becoming increasingly diverse, it is important that all individuals are being treated with respect and the community is embracing equity. To see how individuals feel about the status of diversity, equity, and inclusion (DEI), we asked them to rank how they feel their

organization or community is doing at addressing this, ranging from Very Satisfied to Very Dissatisfied. *Exhibit 122* displays these results. Professionals most commonly felt Very Satisfied by their organization's dedication to DEI, followed by Satisfied. However, community members felt mostly Neither Satisfied nor Dissatisfied by their community's progress toward DEI, followed by Satisfied.

Exhibit 122. Diversity, Equity, and Inclusion in Organizations and the Community		
Notes: Highest DEI rank shaded in blue for professional stakeholders and community stakeholders.		
DEI ranks presented as a percentage (%).		
Rank	Percentage of Responses	Professional Stakeholders and their Organizations (%)
Very Satisfied		40.9
Satisfied		34.2
Neither Satisfied nor Dissatisfied		18.7
Dissatisfied		5.8
Very Dissatisfied		0.4
Total Number of Responses		257

Trusted sources of health information: The CHA also asked community members what sources they feel they can access reliable information on health. Knowing these responses is particularly important in the midst of a pandemic, where disseminating health information is vital. The results from this question are shown in *Exhibit 123*. The three most commonly cited trusted sources of health information, according to the community members, were healthcare providers, the state / local government, and local health system websites, respectively.

Exhibit 123. Community Insights on Accessing Trusted Health Information	
Notes: Top three sources of trusted health information shaded in blue for community stakeholders.	
Sources of trusted information as a percentage (%).	
Topic	Community Stakeholder Survey (%)
Church	7.6
Friends / Family (in person or via social media such as Twitter, Facebook, etc.)	11.9
State / Local Government (Health Department, Governor, City)	49.0
Local Health System Website (Hospital, Free Clinics, etc.)	48.4
Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	93.1
Military or VA Healthcare Provider (Doctor, Pediatrician, Physician Assistant, Nurse)	19.8
National Government (CDC, NIG, White House)	44.4
National Healthcare Sources (Such as Web MD)	30.9
Other	5.7
Total Number of Responses	1183

Received COVID-19 vaccine: Respondents were then asked a series of questions regarding COVID-19 and the pandemic. The first set of questions asked whether or not adults and eligible children in the household received the COVID-19 vaccine. This data is displayed in *Exhibit 124*. Most respondents said all of the eligible children and adults in

their household had received the COVID-19 vaccine. The second highest category for adults was some having received the COVID-19 vaccine, while the second highest category for children was none having received the COVID-19 vaccine. This is the same as the overall report.

Exhibit 124. Received COVID-19 vaccine		
Notes: Greatest percentage of adults and children and teens vaccinated shaded in blue.		
Proportion of adults and children and teens vaccinated presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
All	95.7	77.4
Some	3.4	5.1
None	0.9	17.6
Total Number of Responses	1161	376

Planning to get the COVID-19 vaccine: If respondents answered no to either adults or children having received the COVID-19 vaccine, they were then asked if the adults or children in their household plan to receive the COVID-19 vaccine. The results from this question are shown in *Exhibit 125*. This data indicated that the majority of respondents plan to have the children and/or teens (5-17) in their household receive the COVID-19, followed by maybe. However, the majority of respondents stated the adults in their household did not plan to receive the COVID-19 vaccine, followed by maybe. No respondents said the adults in their household are definitely planning to get the COVID-19 vaccine.

Exhibit 125. Planning to get the COVID-19 vaccine		
Notes: Highest response for adults and children and teens planning to get the COVID-19 shaded in blue.		
Proportion of adults and children and teens planning to get the COVID-19 vaccine presented as a percentage (%).		
Percentage of Responses	Adults (18+) (%)	Children and Teens (5-17) (%)
Total		
Yes	0.0	43.1
No	80.0	26.5
Maybe	20.0	30.4
Total Number of Responses	50	102

COVID-19 vaccine concerns: Respondents were then asked to select any concerns they have regarding the COVID-19 vaccine for adults (18+) and children and teens (5-17). This data is displayed in *Exhibit 126*. The most commonly cited concerns for adults were believing the COVID-19 vaccine will be harmful or cause side effects, other concerns not listed, and medical conditions, respectively. Being worried about the COVID-19 vaccine being harmful or having side effects as well as other concerns not listed were also cited as concerns for children and teens receiving the vaccine, although not knowing which vaccine is best was ranked as a greater threat than medical conditions.

Exhibit 126. Concerns about the COVID-19 vaccine		
Notes: Top three concerns about adults and children and teens getting the COVID-19 vaccine shaded in blue.		
Concerns about the COVID-19 vaccine presented as a percentage (%).		
Topic	Percentage of Responses	
	Adults (18+) (%)	Children and Teens (5-17) (%)
Do Not Believe in Vaccines in General	2.7	2.9
Fear of Needles	0.0	10.0
Worried it Will be Harmful or Have Side Effects	67.6	68.6
Not Knowing Which Vaccine is Best	10.8	17.1
Not Concerned About COVID-19 So Do Not Need a Shot	16.2	14.3
Not Necessary Since They Had COVID-19	10.8	10.0
Worried about Possible Costs	2.7	0.0
Unclear How to Get the Shot / Difficult Accessing	0.0	8.6
Religious Objections	8.1	2.9
Medical Condition	29.7	8.6
Other	54.1	65.7
Total Number of Responses	37	70

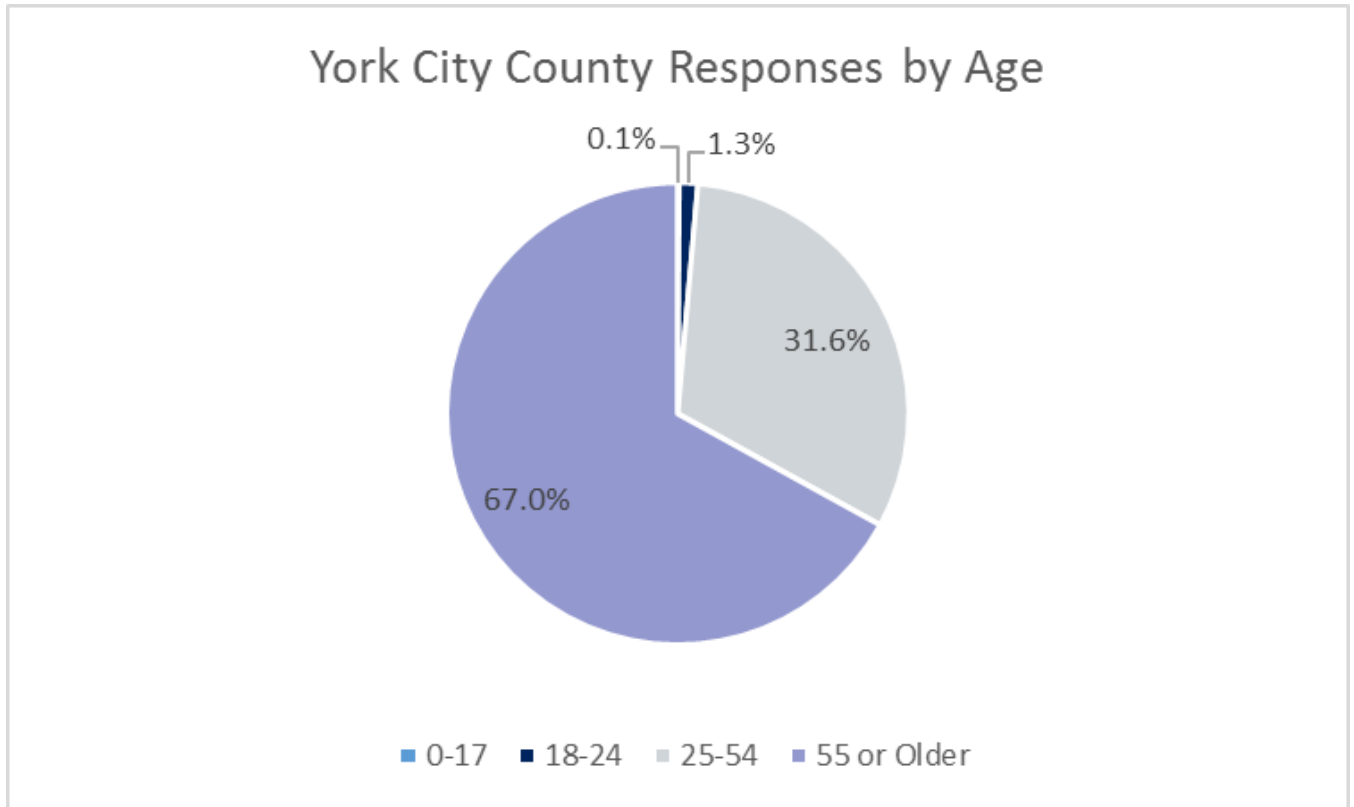
Pandemic effects on family: Lastly, respondents were asked to rank how the pandemic has affected their family's physical health, emotional health, and finances since February 2020. Response options were better, worse, or no change. The results of this question are shown in *Exhibit 127*. The majority of responses indicated their family's physical health, emotional health and finances had not changed as a result of the pandemic, followed by worsened.

Exhibit 127. Pandemic effects on family			
Notes: Highest response to the pandemic's effect on families' physical, emotional, and financial health shaded in blue.			
Physical, emotional, and financial effects of the pandemic presented as a percentage (%).			
Rank	Percentage of Responses		
	Physical Health (%)	Emotional Health (%)	Finances (%)
Better	6.0	2.0	9.1
Worse	34.0	48.0	40.9
No change	60.0	50.0	50.0
Total Number of Responses	50	50	50

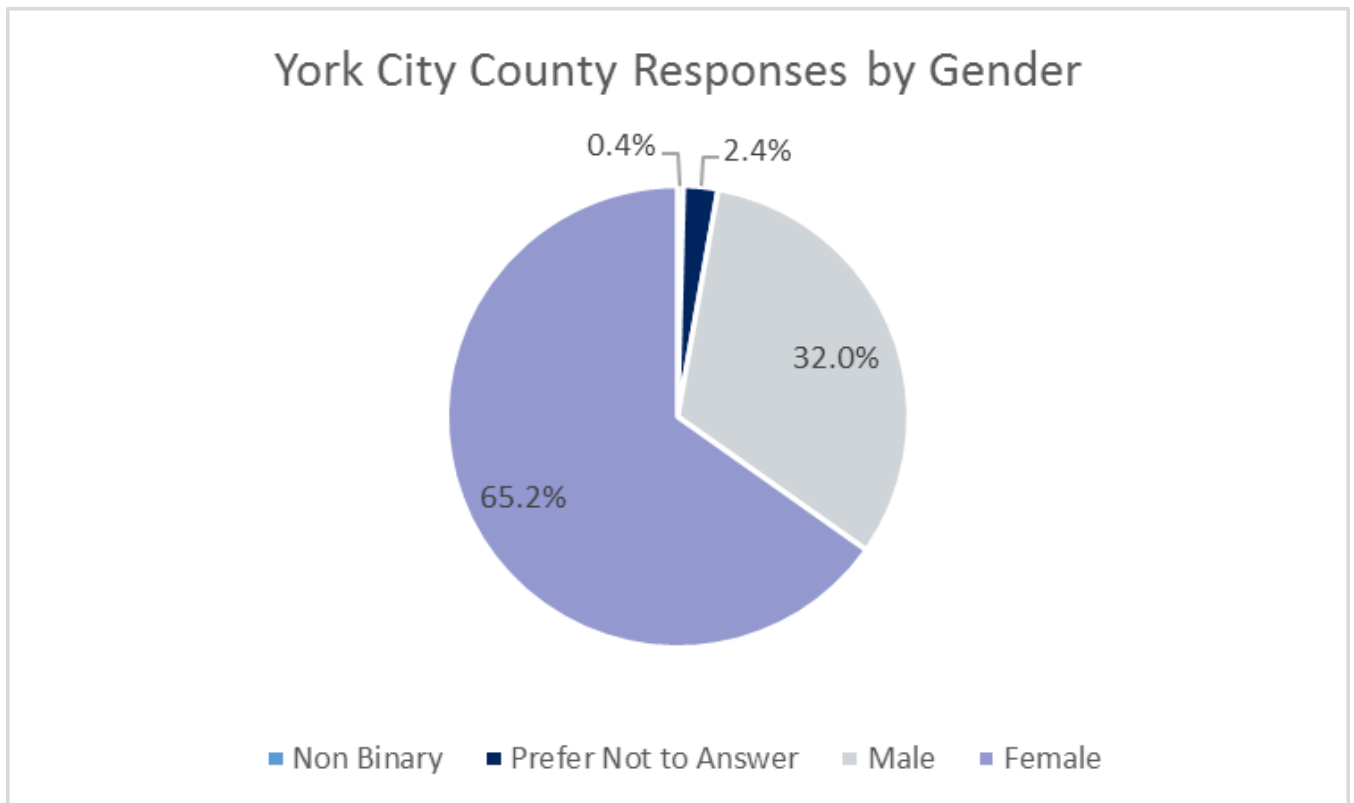
Demographic Profile of York City County Community Health Survey Respondents:

Presented below is a demographic profile of the York City County community resident survey respondents.

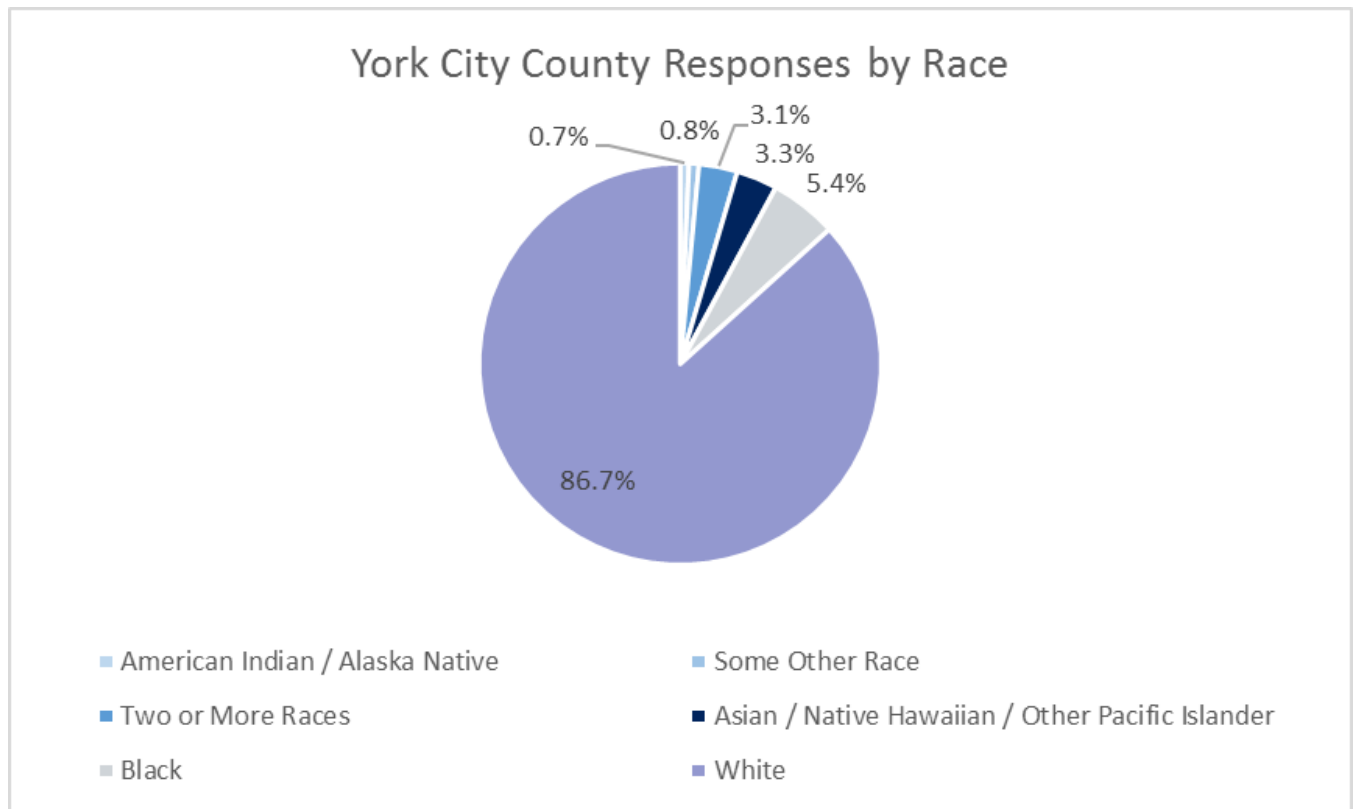
- The majority of survey respondents were adults aged 18 or older, with 0.1% age 0-17, 1.3% age 18-24, 31.6% age 25-54, and 67.0% age 55 or older.



- The majority of respondents were female (65.2%), very slightly less than the overall report.

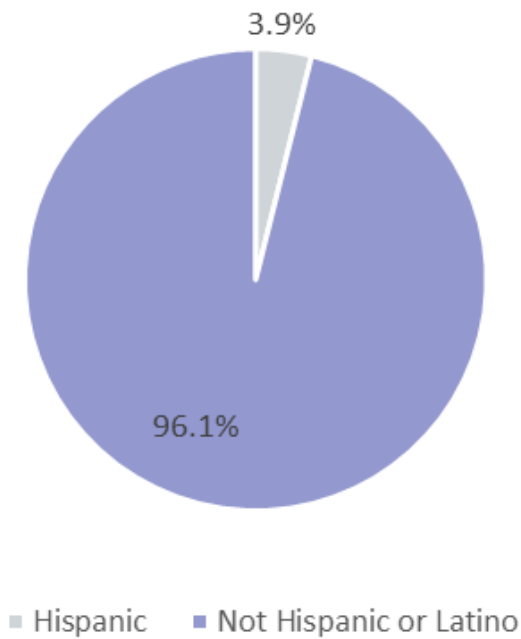


- Most of the respondents (85.2%) own their own home, slightly higher than the overall report. The average number of adults in the home was 2.0 while the average number of children was 0.9, both greater than the overall report. The majority of respondents did not have any children in their home (61.9%), while 18.4% had children between the ages of 12 and 18 in the home and 16.2% had children between the ages of 5 and 11 in the home. The proportion of York City County respondents with children was greater than the overall report.
- Most of the survey population reported having insurance, with 46.2% reporting private insurance, 35.3% Medicare, 15.2% Military (Tricare / VA Benefits). The remaining responses included Medicaid (2.7%), Indian Health Services (0.1%), and uninsured / self pay (0.6%). The proportion of York City County respondents with Military insurance was much greater than the overall report.
- Most respondents were White (86.7%); other respondents self-reported as Black (5.4%) or Multi-racial (3.1%). 3.3% were Asian / Native Hawaiian / Other Pacific Islander and 0.7% were American Indian / Alaska Native with an additional (0.8%) accounting for some other race.



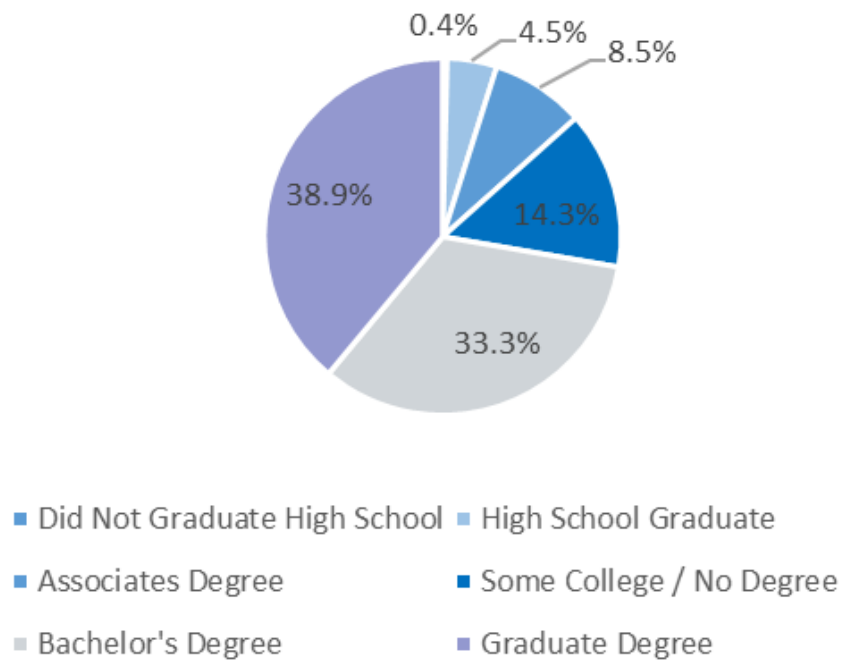
- The majority of respondents were not Hispanic or Latino (96.1%), slightly less than the overall report.

York City County Responses by Ethnicity



- The majority of respondents self-reported a high school education or higher, with 38.9% obtaining a graduate degree, 33.3% having a Bachelor's degree, 8.5% having an Associate's degree, 14.3% having some college and 4.5% having a high school diploma / GED. 0.4% of respondents did not graduate high school. No York City County respondents had no schooling completed.

York City County Responses by Education Level



- The majority of respondents were not currently serving on active duty as a Reservist in the U.S. Armed Forces (99.2%). Additionally, the majority of respondents were not veterans of the U.S. Armed Forces (78.8%) or dependents of someone who serves in the U.S. Armed Forces (88.4%).
- The primary language(s) spoken in the respondents' home was English (98.8%). There were 21 languages listed, with Spanish (1.9%) and Other - Asian Languages (0.7%), being the second and third most common, respectively.

Equity Focus Group Report

The following report is based on 4 focus group discussions conducted in January, 2022. Twenty-four participants took part. Of these, 15 (63%) were from Norfolk, 4 (17%) were from Newport News, and 1 each (5%) were from Chesapeake, Hampton, Suffolk, and Portsmouth. Seven participants (29%) were men. Mean participant age was 54.8 years. All but one identified as Black or African American.

Qualitative data analysis was conducted to identify emergent themes across the following topics.

Topic 1: A healthy workplace

Participants discussed that a healthy workplace should consist of good cleaning practices and hygiene, COVID-19 prevention measures, and better communication.

Theme: Cleaning and hygiene have emerged as primary concerns in response to the pandemic

There is a heightened desire for cleanliness due to COVID-19. Having to be around other individuals outside of a controlled environment (e.g., a household) was a concern.

Norfolk participant: *"What they're doing outside they should do on the inside. And you know, as for, you know, like their desks, and somebody come in or whatever, they wipe their desk down, you know, and stuff, so they won't take this stuff home with them, you know, if somebody else different come in. I think that's what they should do."*

Newport News participant: *"Good vibes and good cleaning and good hygiene, 'cuz a lot of people don't have good hygiene and a lot of people aren't clean and a lot of people have nasty attitudes. So if I think everybody be on a positive vibe, positive role, and everybody to keep up with they hygiene and they cleanliness, the world would go a little smoother."*

Newport News participant: *"Um, I work and I know one thing I do like is they have been passing around, like, um, hand sanitizer. Uh, the managers have like a, um, timer on how, like, I think it's every 30 minutes we have to wash our hands. Um, they will literally go around to each station and be like, "Hey, wash your hands, wash your hands." Um, another thing, like she said, keeping the areas clean, keeping things wiped down. I have my own personal bacterial blocker. Um, you spray it, wipe it down and it's supposed to block from bacteria. I have that but in my own station so that, like every hour, they want us to use it. So stuff like that."*

Theme: COVID-19 prevention measures in the workplace should be consistent with those employed at home

Reactions to COVID-19 have become embedded into everyday life in the workplace in other ways. Participants reported having become accustomed to wearing masks, practicing social distancing, and, for some, becoming vaccinated. Participants discussed wanting to continue these practices at the workplace in order to make it healthier.

Chesapeake participant: *"I think that mandates can be put in place, like, mask mandates, should be put in place for any public place right now anyway. And I think that could really help, um, trying to keep people safe."*

Norfolk participant: *"Well, for one thing, they should follow all of the OSHA rules. Uh, anything that has been put in place for, uh, businesses now, like, mask mandates and social distance and, and not requiring, uh, employees to work when they know that it's not safe, and also not packing workers in on top of one another."*

Norfolk participant: *"I think they should do what they do at home, you know, wear their masks, keep their hands and stuff washed, so they can think about others, you know, picking up all this stuff that's going around. That's what I think they should do, you know, 'cause we should go...every- everywhere we go, we should wear our masks anyway."*

Norfolk participant: *"If you want a healthy workplace, and you're talking about the vaccines and everything and wearing masks, and so forth, I would think that a good employer would lead by example, that they would have their vaccines, and they would...you know, when you see them, that they're practicing the social distancing, and wearing the masks, using the sanitizer, and things like that."*

Theme: Employers need to be concerned about employee health and communicate in transparent, non-judgmental ways

Participants reported that employees are more concerned with their own health and wellbeing than they have been in the past, particularly with topics that may have previously been considered taboo (e.g., mental health). Employers should be proactive about checking in with employees and ensure that it is done in a non-judgmental manner.

Norfolk participant: *"I think an employer should enforce policies that allows employees to be more flexible in the workplace. If an employee gets sick or isn't able to be physically active, the employer can recommend they send them home with a paid work leave until they get better, so they can return back to their workplace. And another thing I suggest would be employees being more transparent with their employers. Um, I think employees should inform them about their current situations and whether they're feeling well or, well, anything regarding their wellbeing."*

Chesapeake participant: *"Yes. I think a lot of people are uncomfortable being transparent with their employers, um, for fear of judgment. Some people don't feel comfortable disclosing their, uh, health information, whether they're vaccinated or unvaccinated for fear of stigma."*

Norfolk participant: *"Oh, um, well, a healthy workplace is by respecting others, and keep your hands clean, and just, um, you know, just mainly just respecting each other, you know? I think so."*

Norfolk participant: *"Making sure each other is, you know, all right. Like when they come in, you know, hi, asking...you know, asking people how they doing, you know? But not just, like, just ask them, like, genuinely, like, just asking them...you know, like, caring for each other in the workplace."*

Norfolk participant: *"I agree with what everyone else has said, but the pandemic, it has changed the way we work, the way we think. In the news, you're always hearing people are not going back to their jobs. When the pandemic first hit, COVID, everything was pretty much shut down, and I think during that time, a lot of people that were in the workforce, they sat back, and they thought about working. The majority of people, like when they were going to work, they was focusing, you know, focusing on work, you know, work, work, work, work, work, 'cause I need to pay my bills, I need this, I need that. But then, when COVID came along, it changed the way you thought and feel about working. It's like, yeah, they wanna work, and they will work, but it's not their main focus. And I think that their employers should be in...more in tune to the people, to the employees, because the thing of it is, we are human, and they need to see that part, that side of us, and before, they really didn't. They saw it too, but they didn't deal with it. So like,*

now, I think they need to see that more human side of us, and treat us in that manner, you know? Like, value us. That's what it is, they need to value us more."

Norfolk participant: *"Um, and I also think that when an employer comes to the HR or to the head person and complain about how someone is being racist or being not nice or keeping stuff stirred up in the department or something, I think they should listen and make sure they check it out completely. And that keeps down a lot of stuff in our office."*

Topic 2: Access to healthcare

Participants described their proximity to healthcare facilities, successes and challenges of accessing facilities and healthcare providers, and smoothness or difficulty communicating with healthcare providers.

Theme: Distance to services is a barrier

Some participants shared that the closest healthcare facilities were far away and that medical insurance makes it easier for them to travel to appointments.

Norfolk participant: *"Humana has a great ride and pick up service and they on time, they pick you back up and because I have so many, I'm thankful."*

Other participants shared the challenges of not having reliable transportation. Notably, these difficulties were reported across the entire region, even in more densely populated areas.

Suffolk participant: *"Where I'm at. I'm on the west part of town and there's nothing in distance where I can go to. I've always gotta have transportation to go out to those places. There's a pharmacy, I guess, maybe you could say maybe two or three miles from here, but that's about it. There's a clinic, it's about a mile and a half from me, but without transportation, it's not in walking distance for me."*

Norfolk participant: *"But that's my only problem, you know, I had to have my complete physical this year and my Medicaid rides, they don't never show. And so, I have to report the company every time I call, they keep taking me back to the same transportation department. Because now that that ride didn't come, made me behind on seeing my specialists and everything, all because that ride didn't show."*

Norfolk participant: *"And I think that's mainly because of the pandemic with the ride situation, as far as Medicare cabs and you know, things like that. Where it used to be they would pick up four or five different people at one time, now they're limiting it to maybe one or two people, so it's taking longer for you to get to your appointments."*

Theme: Provider availability depends on established relationships

Some participants described the ease of accessing providers with whom they had established relationships, indicating that they did not have to wait long to be seen or make appointments.

Norfolk participant: *"Well, for me it's not hard at all because I can go in and if I got an 8:00 appointment, I'm out of there before 9:00."*

Norfolk participant: *"I been going to the same doctors for years, so they pretty much know who I am. So, I probably sit there good 5 or 10 minutes, and if my appointment at 8:00, I probably be outta there by 8:30."*

Norfolk participant: *"...and I don't usually have no problem. I usually get a appointment every four weeks, but if I got...if I get sick before then, I can go in as a walk-in."*

Other participants described the difficulties of not being able to see a doctor or healthcare provider right away and a preference for being seen at the emergency department (ED). Notably, several participants implied that ED policies encouraging them to seek out primary care elsewhere coupled with long wait times had led to increased odds of needing to go to the ED with a true emergency.

Suffolk participant: *"Well, here's what I've been told about Obici here in Suffolk. If you don't have to come, if you don't...if it's not an emergency, if it's something that you can go to a local doctor for, go there. They don't really want you to come to the emergency room because of COVID. And so, therefore, it is more likely that you have to be in a situation where you have to be taken by an ambulance. Um, I'm a veteran, so I keep saying that, but anyways, I have to call and schedule an appointment. Now over there the doctors don't work on a regular basis. They may not be in this for the next couple of weeks. And therefore, I may have two weeks to wait before I can be seen."*

Norfolk participant: *"I said sometimes hard. Um, like my primary, and she's a new primary doctor, I done been to ER at least three times, four times, um, from November to now, and they kept telling me to follow up with her, and she haven't seen me yet."*

Newport News participant: *"It got so bad that I literally went to the outpatient all day, like it's so bad. I had to go to Sentara and I told them I just wanted a physical, you know, just bloodwork, and they tested me for COVID and sent me home, that's it. It's ridiculous. It's too hard. It's definitely difficult to just get preliminary service. To get a regular primary physician, they told me that I can get my appointment in April. I asked the lady if she was tripping. April was how many months away? Like, just for me to get a primary physician, somebody who can be like, okay, I'll do this testing, I gotta wait 'til April? Come on, that's ridiculous. That's, that's utterly ridiculous."*

Theme: Provider communication is also related to established provider relationships

Several participants described being very happy with how their provider communicates. Positive experiences in this area seem to be related to having longer-term relationships with a provider, with good communication skills likely increasing the odds that longer-term relationships will develop.

Portsmouth participant: *"You know, when my doctor switched up, she was professional about it and had requested me to someone else. And by them already working together, it wasn't a hard thing for them to acknowledge what we already had going on. So everybody clicked. That was like, I couldn't even ask for nothing better. And she took the time to go through my records, and I always loved going to get my appointment."*

Norfolk participant: *"The doctors that I have, especially my primary care physician has been my family doctor for years. She took care of my mother, my sister, my godmother, my son. I mean, Dr. [Omitted Name] is just a jewel and she's nearing retirement age and I'm panicked. I've been able to discuss any situation with her. She's always open to answering questions. And if there's something that I don't understand, she takes her time and really breaks it down so that I will. And I also wanted to say that, as far as getting test results and all of that, I'm hooked up to my chart so I can go in and read anything that any test that has been taken for me, the results and all are right there on both with Bon Secours and with Sentara."*

Norfolk participant: *"Well, um, my...see, I been with my doctor...I been with my doctor for a long time, and we get along just great."*

Norfolk participant: *"I feel real good because I have a magnificent set of doctors. I mean, it's hard to find doctors that you...that listen to you. I've had so many problems with getting doctors, and I tell them something, and they're like, who's the doctor, and who'd the patient? I have doctors that listen to me, 'cause who knows me better than me, you know?"*

Norfolk participant: *"They set me up with the apps. I did bloodwork on Friday morning at 8:00, by the time I got back home, I got the results at 10:00 am."*

Norfolk participant: *"Well, the doctor call me. If I take lab, when they send him the results, they'll call...he'll make sure he call me clockwork, and let me know what the results are about the, you know, about my tests. And then he'll, when I go in there, he'll explain everything to me."*

Some participants shared negative experiences regarding healthcare provider communication, particularly when transitioning to a new doctor.

Suffolk participant: *"Having one doctor retire and being transferred to another doctor, it's like, I'm getting to, getting him to know me all over again. You know? I know my previous doctor was very good at documenting everything, but this doctor here, it seems like every request for a med, or every request for a visit is suspect or it, is it really necessary? You know? Or does it require an inpatient visit with me or going to the emergency room? These are the things I have to decide before calling so that I don't take his time up. I don't know, but I'm getting to know this guy. And I'm trying to build up a relationship with this man as my new doctor so that he know that, Hey, I'm not one of these people that dislike a lot of medications. I'm not at all a person that says, "Hey, I quit smoking and I'm still smoking." I'm pretty honest and straightforward. You know, I liked the relationship I had with my other doctors, and now I see I gotta do the same thing with this guy. And, he's proven to be a little tough. That's all."*

Topic 3: Access to food

Participants reported a range of experiences in this area due to COVID-19. Those with benefits and transportation reported stable access to food, while others have had to adapt.

Theme: Benefits are associated with increased food security

One participant shared how their public housing community had been fortunate due to food deliveries from charities.

Norfolk participant: *"Well, right now we are kind of lucky in our building because we have a lot of people, coming over, bringing us vegetables and fruits and stuff. So right now, we don't have to worry about going out, buying anything 'cuz people has been very generous to us as far as bringing us stuff."*

Theme: Access to healthy food is limited by travel and mobility

Other participants discussed how they have difficulty accessing food due to distance and travel. Empty store shelves were also mentioned.

Suffolk participant: *"Well, I really don't have access. Um, normally what I do is I'll get groceries once a month and I freeze them. They're not fresh. When I had a motorized wheelchair and normally if it was*

running, I'd go to the food bank and get fresh vegetables twice a week, three times a week. But the way it's going now, everything I get, I have to, if that can be frozen, I freeze it. So I have no excess."

Newport News participant: *"I live in, like, a little food desert. I work at Dollar General, so I don't try to shop there 'cuz they don't sell fresh food. You gotta go to Mercury to the stores up there or to the Walmart in Hampton. I tend not to buy food from downtown, I tend to go up towards Mercury, but I should shop at Aldi or Lidl, or whatever the place is called. But I be crunching for time, so when I go grocery shopping, I buy \$300, \$400 worth of food at one time and I try to buy healthy foods, but I'm not like the healthiest eater, and I be crunching for time, so like I just try to grab as much food as I can."*

Norfolk participant: *"And then a lot of time, you go into the grocery store, the shelves about halfway empty, you don't know what to get no more."*

Theme: Affordability affects how people eat

Higher prices due to the pandemic has made it difficult for many participants to afford groceries and has made it particularly difficult to choose healthy options.

Norfolk participant: *"Um, sometimes it has an effect because, uh, any, anything that's healthy, usually costs more, which I don't understand why, but it does."*

Chesapeake participant: *"Well, it's, it leads my story. Um, 'cuz I live on a fixed income, so I have to make every dollar stretch and I'm a mom, so it really has to stretch twice. So, um, it, it affects how I buy and how I shop."*

Norfolk participant: *"Everything have got so expensive now, it's...it don't even make good sense."*

Norfolk participant: *"And I don't know if y'all notice now, you go into the stores, everything has been cut down in size. You're not getting your money's worth."*

Norfolk participant: *"I mean, the healthier foods, um, they're going up as well. Like, a lot of organic foods are more expensive than the regular foods because of the way that they have to...the way that they're growing them. You know, like grass-fed beef is almost twice as much as regular beef, or regular chicken or whatever, because of the way that...the way that they're being grown, and the, the precautions that they have to take to make sure that they're not putting any chemicals, or you know, that they're not using any antibiotics. It costs more for them to raise them, so it costs more for them...it costs more in once the finished product is taken to the supermarket."*

Norfolk participant: *"Well, I used to go to the grocery store, but now everything's gone so high because one of my favorites was oranges. And when I first started eating oranges morning and night, before I go to bed, it was just, like, \$3.49 for a bag of oranges. I went yesterday and it's \$7.99. I don't wanna pay that kinda money, but that keeps me healthy. So you have to let go somewhere else to get that in order for me to get that."*

Theme: Food quality is a common topic of conspiracy theories

Some participants suggested that the quality of foods has decreased, mentioning that food is now "re-engineered," "fake," "grown too fast," "rots too quickly," or that sugar is modified.

Norfolk participant: *That's right. Well, look, I think about this sometimes, the way they growing food now, the meats, it just, it doesn't taste good. Like the chicken, I never had no stringy chicken before, and like, a*

lot of times, the chicken is stringy. And I been cooking chicken for years, and do you know, I cannot brown chicken now? I don't know...I don't know what's going on.

Newport News participant: *We have family in Georgia, and I was like, man, I wanna go there for some good home cooking. And he was like, what's wrong with here? I said everything tastes fake, bro, you know? Like, I thought it was just here and new, you know?*

Norfolk participant: *Yeah, a lot of times, it ends up being the food, because they're trying to re-engineer this and re-engineer that to make it better, to make it grow faster, you know, to make it, uh...they say make it better for you.*

Newport News participant: *This is what I told somebody, this is theory, I don't know this as fact. But what I think they did was I think they toned down on whatever, whatever was the substance that made sugar, the glucose, because it possibly was leading people to diabetes too much, because sugar breaks down into glucose, or glucose don't break down in your blood as... 'cause they definitely toned sugar down. The only sugar that tastes still like it did back when I was young is brown sugar.*

Theme: Health concerns affect food choice but do not affect decisions about where to shop

Some participants reported having to give up foods or change their diets due to health concerns. However, participants did not report changing where they shopped, primarily due to cost.

Portsmouth participant: *"And whatever I feel like will run my pressure up, I don't mess with fried foods, I don't mess with it. If I can't get fresh fruits and vegetables, I use frozen fruits and vegetables, but it's all because I'm, you know, I have to take care of my health."*

Norfolk participant: *"Yeah, I have to do no sodium because of my heart. I'm also diabetic, but I control my diabetes by diet alone. I used to be on a medication for it, but in eating more fresh fruits and vegetables and not so much red meat, I have been able to lose weight. I'm eating a lot more vegetables than I used to. And I used to have a terrible sweet tooth, but for the last month or so, because I prayed on this and I asked God to take that away from me, and He has. I very rarely eat anything sweet now. And if I do, I eat it with moderation."*

Norfolk participant: *"So, it all depends on what we eat. And, and, and I do that because of my high blood pressure."*

Topic: Access to community resources

Participants cited food banks, churches, and government and NGO benefits as community resources. Availability varied widely by geographic area, with several participants sharing that they were unaware of nearby resources. Others reported community resources that had previously been available, but which had become limited due to the pandemic.

Theme: The pandemic has negatively affected many community resources

Suffolk participant: *"We used to have the food bank come to us once a month. They abandoned us and now we, you know, they would bring fresh vegetables and everything and meats and stuff to us. And they abandoned us since COVID came."*

Norfolk participant: *"Well, the one place that I, if I have a food emergency for myself or anyone else in my building is my church. But our food pantry has been shut down since the beginning of the COVID virus."*

Newport News participant: *"Oh, there was a program out here, but they, they stopped when the kids went to school. I didn't know if that was just like a summer thing, but when I talked to [NAME] she was like, no, they haven't come back."*

Norfolk participant: *"I know there used to be, Calvary Baptist, right down the street from us, they used to give out food, fresh food and stuff like that on a weekly basis."*

Theme: Food banks are helpful with reliable transportation during the times they are open

Chesapeake participant: *"Well, they have the food banks and as long as you have transportation to get there, they are usually readily available on the days that they operate, you just have to know what's in your area."*

Norfolk participant: *"And there's also the food banks as well. You know, there's one food bank off of, uh, Virginia Beach Boulevard in Norfolk that has a food bank for three, uh, times a week. And it's like going in there and shopping in a grocery store, that's how fantastic this place is. And they let you take as many of one item as you want, and they always give you, like, a big roasted chicken, uh, hamburger meat, sometimes hot dogs. Um, they have fresh crudos, they've got all kinds of canned goods, cereals, stuff like that. That place is really a lifesaver if you're trying to stretch your food out for the month."*

Theme: Churches are another good source of food, but availability can be limited

Portsmouth participant: *"A lot of churches in the neighborhoods. If you're in need and it's easier for you to get there, they will give food once a week or twice a week."*

Norfolk participant: *"Well, over our side, we are partnered with Cavalry Revival Church and they usually bring us food boxes. It used to be twice a month, but I just received information from them that the food box is gonna be down, cut down to once a month."*

Topic: Emergencies and finances

Theme: Limited incomes make every unexpected cost a potential disaster

Participants discussed the challenges of being on limited incomes and the difficulty in saving for emergencies.

Chesapeake participant: *"Um, they are disastrous, like, one small financial thing can, like, let's say your car breaks down, and if you're living paycheck to paycheck, that can completely clear out any savings that you may have and upend your life. So finances rule the world."*

Norfolk participant: *"Um, you know, emergencies such as, um, hurricanes and blizzards, where the power's gone out, or there's been a fire in your building that you have to move out. People still want their rent. They still want the money for the rent, the light bill still has to be paid. Your insurance still has to be paid, you know? So not only are you out of your normal comfort zone, but you still have these things to think about. You still have to make a way to pay them so that you can get back on your feet and in your regular setting."*

Norfolk participant: *"Well, usually when something urgent, or, or an emergency comes up, it's usually when I'm broke, you know? It never happens when I first get a paycheck, it seems to go on in the middle of the month, or towards the end of the month when I'm waiting to get paid."*

Norfolk participant: *"Well, it's a lot of people that get...when they get paid, they don't have enough money to last them the whole month."*

Norfolk participant: *"Okay, perfect example. I had a cousin that passed away not too long ago in New Jersey, wanted to go to the funeral, but because it happened the week before I got my check, I had a decision to make. Was I going to go to the funeral, or pay the bills that I have to pay. And if I paid...if I go to the funeral, then the next following month, I may have to double up on the bills that I had that I normally pay. So it's kind of a either/or 99% of the time."*

Topic: Family obligations

Theme: Familial obligations influence most decision making when young children are involved

Perceived obligations to family override many other concerns. Participants with younger children are particularly affected.

Chesapeake participant: *"Family obligations always come first and my wants and needs usually don't happen. Maybe when my kids are grown, I can realize who I am again."*

Topic: Being a caregiver to someone with special needs

Theme: Being a caregiver to a child with special needs is especially taxing

Chesapeake participant: *"I used to work with kids with special needs and it takes a special kind of person because it's not for everybody, takes a lot of patience and love and dedication. You really have to care about the people that you're working for and that you're working with. And just know, you know, sometimes it gets heavy because a lot of times those people don't have other people, you are their family. So sometimes when you lose those people, it gets heavy and it's not for the faint of heart. I'll say that."*

Norfolk participant: *"My son was ADHD and bipolar and it was terrible because the schools wanted me to put him on Ritalin, but he was losing so much weight he looked like a skeleton with skin on him. You know, we went through some trials and tribulations. But he needed awake 24-hour care in a lot of his life 'cause of the medications weren't working. And I wasn't able to give it, so he had to go in residential programs, you know? And it put a real strain on our relationship. And it didn't really help him because the places he was at there were other kids with more serious things."*

Theme: Individuals take on unexpected roles later in life as they and their families age

Norfolk participant: *"I take care of my brother, he had two strokes. He didn't have any place to stay, so I had to bring him in, it's the only way I could watch him."*

Norfolk participant: *"My wife can't do a lot of the things that she used to be able to do. So, a lot of the cooking and a lot of the cleaning and stuff like that I have to do. But sometimes, you know, it's not easy being...I mean, yeah, you need to take time for yourself, so that you can recharge and stuff like that, but that's not always easy, you know?"*

Topic: Reliable transportation

Theme: Having one's own vehicle means having relative freedom

Participants who have their own transportation expressed gratefulness at the additional freedom that this allowed.

Portsmouth participant: *"Just speaking for myself, I have two vehicles. So, you know, I've never had transportation problems since, you know, since I got Christ in my life, 'cuz I didn't know how to drive before I got saved. But then after I got saved, God provided me with a cottage, I've been keeping the vehicles ever since. So I have two, if one don't work, I just jump in the other, until I get that one fixed. And then I have a brother that works on vehicles, so he's always kept my vehicles up and running."*

Norfolk participant: *"I'm scared to answer that 'cause if I answer and something gets jinxed. No, I'm gonna trust God. Um, I know there's a bus line here, um, but I'm blessed with a car. A working car."*

Newport News participant: *"I can't say that there's really any challenges, because I can drive myself."*

Theme: Relying on public and medical transportation is challenging

Most participants who discussed having to rely on public, medical, or other people for transportation expressed frustration at having to navigate multiple related challenges.

Chesapeake participant: *"It's challenging. I have insurance that will get you transportation, but you have to get the transportation five days in advance. So that doesn't always help. Like, if you need bread or milk, you have to wait five days in order to be able to get to the store or have a kid that got two good legs that can walk for you."*

Norfolk participant: *"I gave up my car and I'm, uh, I haven't had any problems getting around since then, but I did wanna say that, the closest bus stop is about a two-block walk from here. And there's no way I can do that. If I had to rely on public transportation, like, the bus, that's an almost impossibility, but, um, as far as transportation is concerned, to get back and forth, no, I don't have any problems with that. The Lord has been good to me."*

Suffolk participant: *"Well, the transportation that we have here in, in Suffolk is not best. It's not good at all. To go from here, let's say, to Walmart, you gotta have plenty of time on your hands because it'll probably take you three hours to get there. You gotta go so far to a bus stop because they constantly keep changing the pickup points. Then you have to transfer and then you don't know how long it'll be before the next bus come that'll take going the direction that you wanna. And then when, if you're not in and out of the store in an hour, you miss the next bus. And so you probably got another two-hour wait before another bus comes. Transportation, public transportation is nil here in Suffolk. It exists, but it doesn't exist for me."*

Norfolk participant: *"I have insurance, but I don't call the ones that's free from the insurances because they gonna be late, then you gotta pay the, if you late or you miss you appointment, you gotta pay \$50. That's the way mines is."*

Newport News participant : *"So, there's two cab services in the area that are pretty quick that know the areas well. It's not like you're having a hard time finding or getting to the destination on time or anything, or just, you know, running errands. I used to get on the bus, but I'm not even trying to do that no more."*

Appendix VIII: Open-Ended Survey Responses: Detailed Overview

Below is a detailed description of the open-ended survey topics and responses from professional and community stakeholders.

Access to Care

Respondents provided additional information, suggestions, and comments for issues that may affect the ability for adults (18+) and children (0-17) to access care. 34 professionals responded.

Diversity, Equity, and Inclusion

Professionals were asked to share thoughts on why they responded to the question regarding how well their organization is responding to diversity, equity, and inclusion. There were 408 total responses.

Responding to Community's Needs

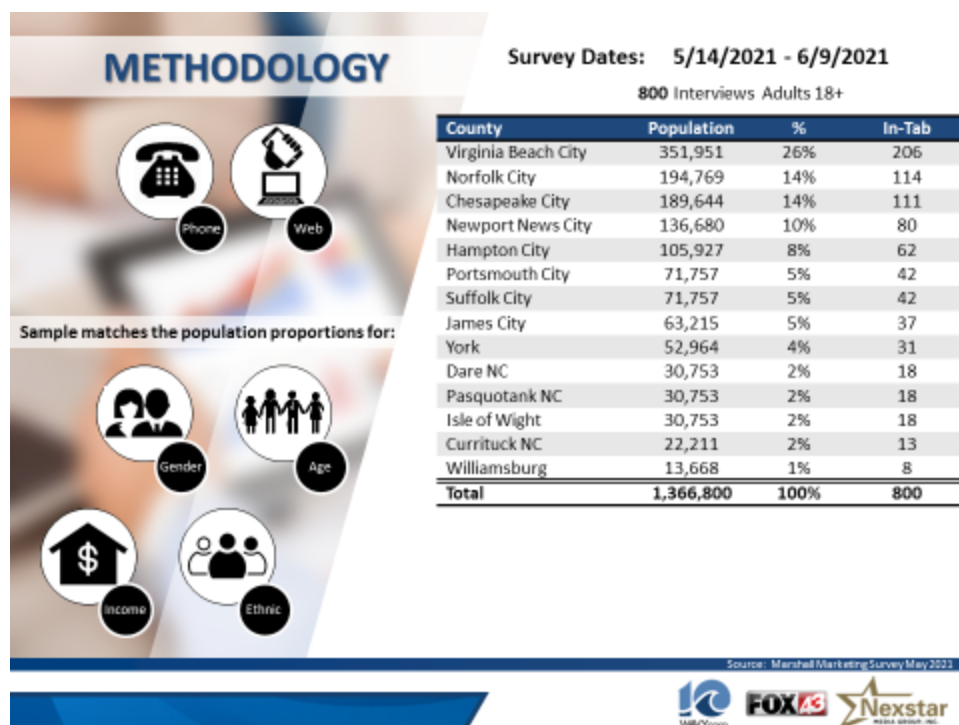
Professionals were also asked what they felt could be done to align resources to meet the community needs. 393 professionals responded in total.

Sources of Trusted Health Information

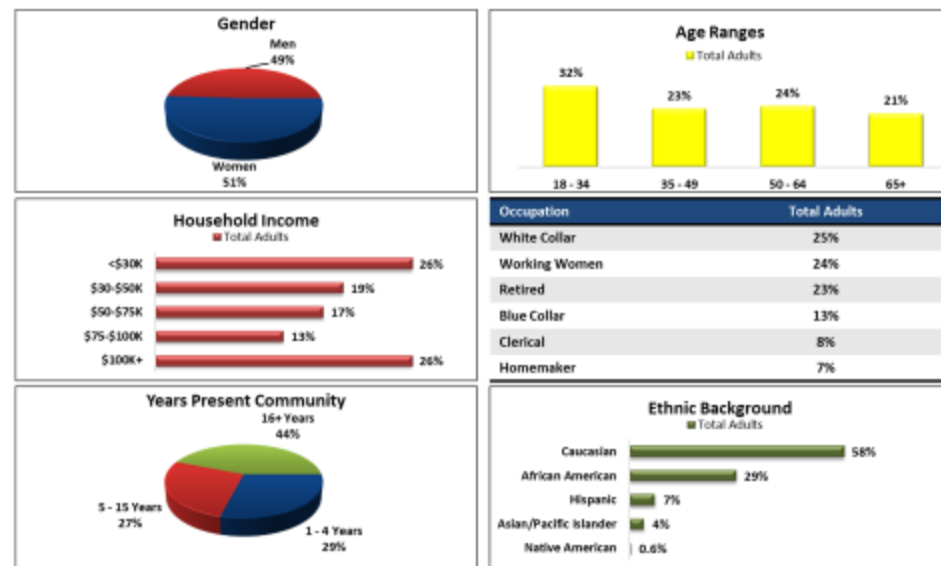
When community members were asked to identify sources of trusted health information (see *Exhibit 16*), 427 chose to write in other responses.

COVID-19 Vaccine Concerns

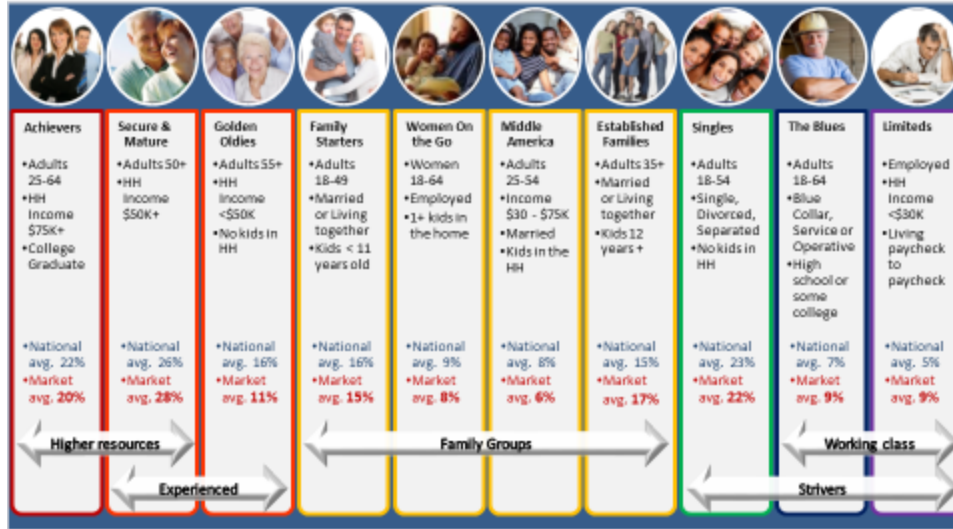
Towards the end of the survey, respondents were asked to identify any concerns they have surrounding the COVID-19 vaccine. A total of 294 respondents wrote in other concerns not listed on the survey.



HAMPTON ROADS MARKET PROFILE



Marshall Marketing Lifestyle Groups



Note: Lifestyle groups can overlap.
 (i.e. – "Women OTG" can also be considered "Achievers" depending on their age, income and education level)

Source: Marshall Marketing Survey May 2021



Lifestyle Groups

LIFESTYLE GROUPS

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Secure & Mature	28%	98	30%	108
Achievers	21%	103	22%	110
Family Starters	17%	112	18%	122
Established Families	17%	96	17%	102
Singles	17%	76	13%	61
Golden Oldies	12%	111	12%	111
Women OTG	9%	122	9%	116
Limiteds	7%	84	6%	70
Middle America	6%	86	6%	97
The Blues	6%	63	6%	64

Source: Marshall Marketing Survey May 2021



Health Issue/Problems

What are the 3 most important health or wellness issues or problems facing you or your family?

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Diabetes	23%	147	23%	147
High Blood Pressure	16%	95	16%	95
Aging	11%	144	11%	144
Allergies	10%	129	10%	129
Asthma	10%	205	10%	205
Mental Health	9%	106	9%	106
Arthritis	7%	90	7%	90
Dental Care	6%	130	6%	130
Coronavirus (Covid 19)	6%	126	6%	126
ADHD	6%	122	6%	122
Obesity	6%	112	6%	112
Heart Disease	5%	73	5%	73
Aging Parents	5%	118	5%	118
Bones Joints	5%	97	5%	97
Back Problems	5%	66	5%	66
Cholesterol	5%	83	5%	83
Migraines	4%	95	4%	95
Thyroid	4%	163	4%	163
Weight Control	4%	135	4%	135
Diet	4%	171	4%	171
COPD	4%	171	4%	171
Eye Care	3%	60	3%	60
Don't know	4%	50	4%	50
None	9%	59	9%	59

Source: Marshall Marketing Survey May 2021



Recommend-Orthopedic Care

Which one medical facility would you recommend to a friend or relative for bones, joint replacement or other orthopedic care?

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Sentara Norfolk General	2%	26	2%	26
Atlantic Orthopedic Associates	2%	56	2%	56
Chesapeake Regional	0.5%	15	0.5%	15
Riverside Regional	12%	352	12%	352
Hampton Roads Orthopedics & Sports Medicine	6%	202	6%	202
Portsmouth Naval Hospital	0.5%	19	0.5%	19
Sentara Hampton	9%	347	9%	347
Orthopedic & Spine Center	6%	224	6%	224
Patient's First	3%	147	3%	147
Bon Secours Harbour View Health Center	1%	52	1%	52
Sentara Williamsburg Regional	7%	367	7%	367
Sports Medicine & Orthopaedic Center	1%	56	1%	56
Bon Secours Mary Immaculate	5%	306	5%	306
Albemarle Hospital	1%	67	1%	67
Tidewater Physicians Multispecialty Group	4%	294	4%	294
Duke University	0.5%	41	0.5%	41
Children's Hospital of The Kings' Daughters	3%	262	3%	262
Riverside Unspecified	4%	367	4%	367
VCU Medical Center	2%	275	2%	275
Langley Air Force Base VA	2%	367	2%	367
Tidewater Physical Therapy	2%	367	2%	367
Riverside Walter Reed	2%	367	2%	367
Don't know	23%	79	23%	79

Source: Marshall Marketing Survey May 2021



Recommend-Cancer Care

Which one hospital or health system would you recommend to a friend or relative for cancer care?

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Sentara Norfolk General	4%	39	4%	39
Sentara Leigh	0.5%	9	0.5%	9
Cancer Treatment Centers of America	3%	58	3%	58
Riverside Regional	13%	340	13%	340
Duke University	1%	28	1%	28
Virginia Oncology	2%	48	2%	48
Sentara Hampton	12%	367	12%	367
Johns Hopkins	2%	52	2%	52
Children's Hospital of The Kings' Daughters	3%	138	3%	138
Portsmouth Naval Hospital	1%	52	1%	52
Sentara Williamsburg Regional	5%	306	5%	306
Hampton University	3%	200	3%	200
Bon Secours Mary Immaculate	3%	245	3%	245
Bon Secours Maryview	1%	82	1%	82
East Virginia Medical School	2%	210	2%	210
Riverside Walter Reed	2%	245	2%	245
Langley Air Force Base VA	1%	122	1%	122
Bon Secours Harbour View Health Center	1%	147	1%	147
VCU Medical Center	2%	275	2%	275
MVC	1%	245	1%	245
Tidewater Physicians Multispecialty Group	1%	367	1%	367
Riverside Tappahannock	1%	367	1%	367
Don't know	23%	88	23%	88
None	4%	83	4%	83

Source: Marshall Marketing Survey May 2022



Minor Medical Emergency

If you or a family member had a minor medical emergency, would you visit a...?

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Urgent Care Center/Walk-in Clinic	50%	101	50%	101
Hospital Emergency Room	25%	97	25%	97
Doctor's Office/Medical Clinic	13%	90	13%	90
Online Doctor/Nurse Service	4%	163	4%	163
Don't know	4%	109	4%	109
None of these	4%	92	4%	92

Source: Marshall Marketing Survey May 2022



Doctors Visited-12 Months

Which of the following doctors or health specialists have you visited in the past 12 months?

	Peninsula		Peninsula Health Care Decision Makers	
	%	Index	%	Index
Family Doctor	51%	104	52%	107
Dentist	46%	115	47%	117
Eye Doctor	38%	111	37%	110
Dermatologist	14%	113	15%	123
Cardiologist	14%	116	14%	117
Orthopedic Spec/Surg	11%	169	11%	172
Psychiatrist/Psychologist	7%	103	8%	108
Audiologist	7%	128	8%	134
Neurologist	8%	108	8%	106
Pain Management	6%	156	7%	174
Endocrinologist	6%	92	7%	103
OB/Gyn	7%	90	6%	81
Oncology/Cancer Care	6%	119	6%	122
Internist	5%	122	5%	124
Ear/Nose & Throat	5%	87	4%	78
Pediatrician	3%	99	4%	110
Physical Therapist	3%	76	3%	72
Allergist	3%	89	3%	85
Chiropractor	3%	105	3%	98
Massage Therapist	2%	87	3%	98
None of these	30%	96	29%	93

Source: Marshall Marketing Survey May 2022

